09/08/2010 16:00

Image# 10931239707

FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

	For Other Than An A	Authorized Committee	9	Office Use Only
NAME OF COMMITTEE (in full)	USE FEC MAILING LABI OR TYPE OR PRINT ♥	Example: If typing, to over the lines	ype	
AMERICAN MEDICAL AS	SOCIATION POLITICAL AC			
		1 1 1 1 1 1 1 1		
ADDRESS (number and street)	25 Massachusetts Ave	, NW		
The state (manifest and street)	Suite 600			
Check if different than previously	Washington		ı ıDCı	
reported. (ACC)				
2. FEC IDENTIFICATION NU	JMBER ₩	CITY 🛕	STATE	ZIPCODE 🛕
C00000422	3	S. IS THIS X NE (N)		MENDED)
4. TYPE OF REPORT (Choose One)	(b) Monthly Report Due On:			20 (M8) Nov 20 (M11) (Non-Election Year Only) 20 (M9) Dec 20 (M12) (Non-Election
(a) Quarterly Reports:	H	` ′ 📙	11 20 (1110)	20 (M9) (Non-Election Year Only)
April 15		Apr 20 (M4) Ju	I 20 (M7) Oct	20 (M10) Jan 31 (YE)
Quarterly Report(July 15	(c) 12-Day	Primary (12P)	General	(12G) Runoff (12R)
Quarterly Report(October 15	(Q2) PRE -Election Report for the		PC) Special (12S)
Quarterly Report	(Q3)			
January 31 Quarterly Report(YE) <u>EI</u>	ection on	L	in the State of
July 31 Mid-Year Report(Non-elect Year Only) (MY)		` '	Runoff (S	Special (30S)
Termination Repo	ort '	ection on		in the State of
5. Covering Period	08 01 2010	through	08 31	2010
I certify that I have examined this	s Report and to the best of m	y knowledge and belief it is tr	ue, correct and complete.	
Type or Print Name of Treasure	r Kevin Walker			
Signature of Treasurer Electr	ronically Filed by Kevin Wa	alker	Date 0 9	08 2010
NOTE : Submission of false, en	oneous, or incomplete inform	nation may subject the person	signing this Report to the	penalties of 2 U.S.C 437g.
Office Use				FEC FORM 3X (Rev. 12/2004)

FE6AN026

FEC Form 3X (Rev. 02/2003)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

2/89

Write or Type Committee Name AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

D D " D 0 1 08 2010 0.8 31 2010 Report Covering the Period: From: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 2010° 1718643.76 January 1 (b) Cash on Hand at 2035836.29 Begining of Reporting Period 47745.89 739590.17 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 2083582.18 2458233.93 6(a) and 6(c) for Column B) 113449.79 488101.54 Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 1970132.39 1970132.39 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D)

X This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) 3 / 89

Write or Type Committee Name

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Report Covering the Period:

From: 0 8

D D D

2010

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M M 0 8 0

^D 3 1

Y Y Y Y 2 0 1 0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Contributions (other than loans) From: (a) Individuals/Persons Other		
Than Political Committees (i) Itemized (use Schedule A)	18199.22	246396.28
(ii) Unitemized	29546.61	475361.29
(iii) TOTAL (add Lines 11(a)(i) and (ii)	47745.83	721757.57
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)(d) Total Contributions (add Lines	0.00	0.00
11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	47745.83	721757.57
Transfers From Affiliated/Other Party Committees	0.00	2000.00
3. All Loans Received	0.00	0.00
Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	15632.00
Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
7. Other Federal Receipts (Dividends, Interest, etc.)	0.06	200.60
3. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
9. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	47745.89	739590.17
Total Federal Receipts (subtract Line 18(c) from Line 19)	47745.89	739590.17

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

of Disbursements

4 / 89

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Operating Expenditures: (a) Shared Federal/Non-Federal		
Activity (from Schedule H4)	0.00	0.00
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	549.79	8043.20
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))	549.79	8043.20
Transfers to Affiliated/Other Party		
Committees	0.00	2100.00
Contributions to Federal Candidates/Committeesand Other Political Committees	112900.00	473000.00
Independent Expenditure (use Schedule E)	0.00	0.00
Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
Loans Made	0.00	0.00
Refunds of Contributions To: (a) Individuals/Persons Other	0.00	4958.34
Than Political Committees		
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds		
(add Lines 28(a), (b), and (c))	0.00	4958.34
Other Disbursements	0.00	0.00
Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add	0.00	0.00
Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
Total Disbursements (add Lines 21(c), 22,	113449.79	488101.54
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	110443.73	400101.34
2. Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii)	113449.79	488101.54
from Line 31)	110443.73	400101.04

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) 5 / 89

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) from Line 11(d), page 3)	47745.83	721757.57
4. Total Contribution Refunds (from Line 28(d))	0.00	4958.34
Net Contributions (other than loans) (subtract Line 34 from Line 33)	47745.83	716799.23
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	549.79	8043.20
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	15632.00
Net Operating Expenditures (subtract Line 37 from Line 36)	549.79	-7588.80

FE6AN026

SCHEDULE A (FEC Form SITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page and Statements may not be sold or used by any perso	FOR LINE NUMBER: PAGE 6 / 89 (check only one) X 11a 11b 11c 12 13 14 15 16 1
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	ng the name and address of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Thomas C Crawford, MD Mailing Address 4044 F Bingle and	too Dr	Date of Receipt
Mailing Address 48415 Binghamp	נטווטו	08 05 7 2010
City	State Zip Code	Transaction ID: 36080060
Northville FEC ID number of contributing federal political committee.	MI 48168-9649	Amount of Each Receipt this Period 300.00
Name of Employer UNIVERSITY OF MICHIGAN	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Gerald Ratinov, MD		Date of Receipt
Mailing Address 1315 St Joseph F Ste 1004	•	08 / 05 / 4 4 4 4
City Houston	State Zip Code TX 77002-8231	Transaction ID: 36080070 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer SELF-EMPLOYED	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Michael Vest, DO		Date of Receipt
Mailing Address 11 Sarahs Pl		0 8 1 0 2 0 1 0
City	State Zip Code	Transaction ID: 36179366
Wallingford	CT 06492-4757	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer YALE UNIVERSITY	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (option	onal)	1300.00

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 89 (check only one) X
or for	nformation copied from such Reports and St commercial purposes, other than using the AME OF COMMITTEE (In Full) MERICAN MEDICAL ASSOCIATION	name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
. <u>Al</u>	ull Name (Last, First, Middle Initial) lan David Bramowitz, MD lailing Address PO Box 18285 Jefferson Medical Bldg			Date of Receipt 0 8 1 0 2 0 1 0
	ity	State	Zip Code	Transaction ID: 36208322
<u>P</u>	ittsburgh	PA	15236-0285	Amount of Each Receipt this Period
	EC ID number of contributing deral political committee.	C		250.00
<u>C</u>	ame of Employer EFFERSON CARDIOLOGY ASSO- IATION eceipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate		
B. <u>D</u>	ull Name (Last, First, Middle Initial) ennis Buford Yelvington, MD ailing Address 1609 N Medical Dr			Date of Receipt 0 8 1 0 2 0 1 0
C	ity	State	Zip Code	Transaction ID: 36208344
<u>s</u>	tuttgart	AR	72160-3274	Amount of Each Receipt this Period
	EC ID number of contributing deral political committee.	C		291.70
S <u>N</u>	ame of Employer TUTTGART REGIONAL CLINIC ETWORK eceipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate		
. <u>R</u>	ull Name (Last, First, Middle Initial) ichard Robt Bartkowski, MD lailing Address 111 S 11th St			Date of Receipt
_	Dept Of Anes Ste 5480			08 11 2010
	ity	State	Zip Code	Transaction ID: 36316881
FI	Philadelphia EC ID number of contributing Ideral political committee.	C	19107-4824	Amount of Each Receipt this Period 500.00
N Ji	ame of Employer EFFERSON HEALTH SYSTEM	Occupation Physician		
R	eceipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 500.00	
SUE	BTOTAL of Receipts This Page (optional))	1041.70

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 89 (check only one) X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN MEDICAL ASSOCIATION	e name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Suzanne Jean Martens, MD Mailing Address 38 Lake Breeze Ln City Random Lake FEC ID number of contributing federal political committee. Name of Employer SELF-EMPLOYED Receipt For: Primary General Other (specify)	State Zip Code WI 53075-1679 C Occupation Physician Aggregate Year-to-Date ▼ 500.00	Date of Receipt M M
Full Name (Last, First, Middle Initial) Jeffrey Donnell Cao, MD Mailing Address 11021 Campus St Ste City Loma Linda FEC ID number of contributing federal political committee. Name of Employer LOMA LINDA UNIV MEDICAL CTR Receipt For: Primary General Other (specify)		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Paul Ernest Jennings, MD Mailing Address PO Box 987 City San Marcos FEC ID number of contributing federal political committee. Name of Employer SELF-EMPLOYED Receipt For:	State Zip Code TX 78667-0987 C Occupation Physician Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y O 8 1 1 4 2 0 1 0 Transaction ID: 36334759 Amount of Each Receipt this Period 500.00
Primary General Other (specify) ▼ SUBTOTAL of Receipts This Page (optional)	500.00	1500.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 89 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than NAME OF COMMITTEE (In Full)	orts and Statements may not be sold or used by any per- using the name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial Stephen Mc Cague Aldrich, MD Mailing Address PO Box 468 City Burlington FEC ID number of contributing federal political committee. Name of Employer FAIRHAVEN FAMILY MEDICINE, PS Receipt For: Primary General	State Zip Code WA 98233-0468 C Occupation Physician Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y O 8 1 6 2 0 1 0 Transaction ID: 36347417 Amount of Each Receipt this Period 333.36
Other (specify) ▼ Full Name (Last, First, Middle Initial Linda Werner, MD Mailing Address 1014 Edgewood	od Cir	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Marinette FEC ID number of contributing federal political committee. Name of Employer NORTHREACH HEALTHCARE	State Zip Code WI 54143-4224 C Occupation Physician	Amount of Each Receipt this Period 41.66
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 333.28	
Full Name (Last, First, Middle Initial James Thos Hay, MD Mailing Address 477 N El Cam Ste A306 City Encinitas FEC ID number of contributing federal political committee.		Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer NORTH COAST FAMILY MEDICA GROUP Receipt For: Primary General Other (specify) ▼	Cocupation Physician Aggregate Year-to-Date ▼	
SUBTOTAL of Receipts This Page (c	ptional)	416.68

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 89 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and or for commercial purposes, other than using th NAME OF COMMITTEE (In Full) AMERICAN MEDICAL ASSOCIATION	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ 4.	Full Name (Last, First, Middle Initial) Craig Alvin Backs, MD Mailing Address 800 E Carpenter St			Date of Receipt
	Chief Med Office City	State	Zip Code	08 21 2010
	Springfield	IL	62769-0001	Transaction ID: 36391752 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		41.66
	Name of Employer ST JOHNS HOSPITAL	Occupation Physicia		
	Receipt For: Primary General Other (specify) ▼	, ' 	e Year-to-Date ▼ 333.28	
3.	Full Name (Last, First, Middle Initial) Timothy Michael Beittel, MD Mailing Address 612 Cody Dr			Date of Receipt
	City	State	Zip Code	08 21 2010
	Thomasville	NC	27360-9674	Transaction ID: 36391753 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1 1 1 1 1 1	41.66
	Name of Employer ACT MEDICAL GROUP PA	Occupation Physicia		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 333.28	
	Full Name (Last, First, Middle Initial) James Allan Goodyear, MD FACS			Date of Receipt
	Mailing Address 2100 N Broad St Ste North Penn Surgical A			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 36391757
	Lansdale FEC ID number of contributing federal political committee.	C	19446-1052	Amount of Each Receipt this Period 41.66
	Name of Employer NORTH PENN SURGICAL ASSOC- IATES	Occupation Physicia		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 333.28	
	SUBTOTAL of Receipts This Page (optional) .	1		124.98
-	SUBTOTAL of Receipts This Page (optional) . TOTAL This Period (last page this line number			124.9

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 89 (check only one) X
Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN MEDICAL ASSOCIATION			on for the purpose of soliciting contributions solicit contributions from such committee.
/	FOLITICAL	ACTION COMMITTEE	
Full Name (Last, First, Middle Initial) Thomas Lynn Hicks, MD			Date of Receipt
Mailing Address 3258 N Monroe St			08 21 2010
City	State	Zip Code	Transaction ID: 36391758
Tallahassee	FL	32303-2822	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		41.66
Name of Employer PATIENTS FIRST	Occupatio Physicia		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 333.28	
Full Name (Last, First, Middle Initial)			Date of Descript
Russell C Raphaely, MD Mailing Address 1600 Rockland Rd			Date of Receipt M M D D Y Y Y Y Y Y Y Y
Dupont Hosp For Child City	State	Zip Code	Transaction ID: 36391760
Wilmington	DE	19803-3607	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		41.66
Name of Employer PROF SERVICE FUND ANES	Occupatio Physicial		
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 333.28]
Full Name (Last, First, Middle Initial) Walter Anthony Reiling, MD FACS			Date of Receipt
Mailing Address 1431 Ridgefield Way			0 8 2 1 2 0 1 0
City	State	Zip Code	Transaction ID: 36391761
Centerville	OH	45459-4939	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		41.66
Name of Employer SELF-EMPLOYED	Occupatio Physicial		
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 333.28]
SUBTOTAL of Receipts This Page (optional)		_	124.98

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 89 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than us NAME OF COMMITTEE (In Full)	s and Statements may not be sold or used by any personing the name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Kevin Christopher Reilly, MD Mailing Address 108 Deer Grove City Elizabethtown FEC ID number of contributing federal political committee. Name of Employer	Ct State Zip Code KY 42701-6986 C	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer US ARMY Receipt For: Primary General Other (specify) ▼	Neuroradiologist Aggregate Year-to-Date ▼ 333.28	
Full Name (Last, First, Middle Initial) Janet Johnson Cash, MD Mailing Address 833 Saint Vincer Ste 401 City Birmingham FEC ID number of contributing	State Zip Code AL 35205-1613	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer SOUTHVIEW MEDICAL GROUP PC Receipt For: Primary Other (specify)	Occupation Physician Aggregate Year-to-Date 333.28	41.66
Full Name (Last, First, Middle Initial) Thomas Neil Rooke, MD Mailing Address 3005 Hedgerow City Springfield FEC ID number of contributing	State Zip Code IL 62704-6325	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
rederal political committee. Name of Employer SPRINGFIELD CLINIC MAIN CAMPUS Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date 333.28	41.66
SUBTOTAL of Receipts This Page (opti	onal)	124.98

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 89 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN MEDICAL ASSOCIATION	name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Gerald Lee Murphy, MD Mailing Address 2876 Sycamore Dr Ste 200 City Simi Valley FEC ID number of contributing federal political committee. Name of Employer SIMI VALLEY OB GYN MEDICAL GROUP Receipt For: Primary General Other (specify)	State Zip Code CA 93065-1550 C Occupation Physician Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y O 8 2 1 2 0 1 0 Transaction ID: 36391770 Amount of Each Receipt this Period 41.66
Full Name (Last, First, Middle Initial) William Wells Simmons, MD Mailing Address 5204 Box Turtle Cir City Sarasota FEC ID number of contributing federal political committee. Name of Employer US NAVY Receipt For: Primary General Other (specify)	State Zip Code FL 34232-4311 C Occupation Physician Aggregate Year-to-Date ▼ 333.28	Date of Receipt M M M / D D / Y Y Y Y Y O 8 2 1 2 0 1 0 Transaction ID: 36391771 Amount of Each Receipt this Period 41.66
Full Name (Last, First, Middle Initial) William T Bradley, MD Mailing Address 811 Interstate 20 W Ste 212 City Arlington FEC ID number of contributing federal political committee. Name of Employer NEUROLOGY ASSOCIATES OF ARLINGTON PA Receipt For: Primary General Other (specify)	State Zip Code TX 76017-5873 C Occupation Physician Aggregate Year-to-Date ▼ 333.28	Date of Receipt M M M / 21 / 2010 Transaction ID: 36391773 Amount of Each Receipt this Period 41.66
SUBTOTAL of Receipts This Page (optional)		124.98

SCHEDULE A (FEC Form	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 89 (check only one) X 11a 11b 11c 12 13 14 15 16 11
or for commercial purposes, other than NAME OF COMMITTEE (In Full)	orts and Statements may not be sold or used by any person using the name and address of any political committee to CIATION POLITICAL ACTION COMMITTEE	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initia Terrance Wm Breen, MD Mailing Address 5503 Rutgers		Date of Receipt
		08 21 2010
City La Jolla	State Zip Code CA 92037-7822	Transaction ID: 36391774 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.66
Name of Employer ASMG	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 333.28	
Full Name (Last, First, Middle Initia Juan Manuel Pardo, MD		Date of Receipt
Mailing Address 2002 Medical Ste 230	•	08 / 21 / Y Y Y Y Y Y
City Annapolis	State Zip Code MD 21401-3282	Transaction ID: 36391775 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.66
Name of Employer SELF-EMPLOYED	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 333.28	
Full Name (Last, First, Middle Initia Juan Michael Pardo, MD		Date of Receipt
Mailing Address 2002 Medical Ste 230	Pkwy	08 21 7 2010
City <u>Annapolis</u>	State Zip Code MD 21401-3282	Transaction ID: 36391776 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.66
Name of Employer SELF-EMPLOYED	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 333.28	
SUBTOTAL of Receipts This Page (optional)	124.98

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and or for commercial purposes, other than using the	Statements ma	Use separate schedule(s) for each category of the Detailed Summary Page ly not be sold or used by any perso	FOR LINE NUMBER: PAGE 15 / 89 (check only one) X 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions a solicit contributions from such committee
NAME OF COMMITTEE (In Full) AMERICAN MEDICAL ASSOCIATION			o sometic contributions from Such committee.
Full Name (Last, First, Middle Initial) Leon Harvey Chandler, MD Mailing Address 4100 Lake Otis Pkwy Ste 216			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 36391777
Anchorage FEC ID number of contributing federal political committee.	C	99508-5230	Amount of Each Receipt this Period 41.66
Name of Employer A A SPECIALTY HEALTH CLIN- IC Receipt For: Primary General Other (specify) ▼	Occupation Physicia Aggregate		
Full Name (Last, First, Middle Initial) Christopher Peter Poje, MD Mailing Address 3580 Sheridan Dr			Date of Receipt 0 8 2 1 2 0 1 0
City Buffalo	State NY	Zip Code 14226-1645	Transaction ID: 36391778 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		41.66
Name of Employer PEDIATRIC ENT ASSOCIATES Receipt For:	Occupation Physicia	n	
Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 333.28	
Full Name (Last, First, Middle Initial) Charles Joseph Nivens, MD			Date of Receipt
Mailing Address 19 Rosehill Dr			0 8 2 1 2 0 1 0
City Bluffton	State SC	Zip Code 29910-4720	Transaction ID: 36391779 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		41.66
Name of Employer TENET EAST COOPER SPINE	Occupation Physicia		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 333.28	
SUBTOTAL of Receipts This Page (optional)			124.98

SCHEDULE A (FEC Form 3X)

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 89 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or fo	information copied from such Reports and St r commercial purposes, other than using the IAME OF COMMITTEE (In Full) AMERICAN MEDICAL ASSOCIATION	name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
F	ull Name (Last, First, Middle Initial) Carol Jean Ziel, MD			Date of Receipt
N	Mailing Address 2025 Frontis Plaza Blvd Duke Eye Ctr Winston-			08 / 21 / Y Y Y Y Y Y Y
	ity Vinston Salem	State NC	Zip Code 27103-5663	Transaction ID: 36391780 Amount of Each Receipt this Period
F	EC ID number of contributing ederal political committee.	C	27100 3000	41.66
<u> </u>	lame of Employer UKE EYE CENTER	Occupatio Physicial		
F	Receipt For: Primary General Other (specify)		e Year-to-Date ▼ 333.36	
3. [ull Name (Last, First, Middle Initial) Damon Michael Dietrich, MD Mailing Address 1101 Medical Center B	lvd		Date of Receipt
_	Sity	State	Zip Code	08 21 2010
	Marrero	LA	70072-3147	Transaction ID: 36391781 Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	C		41.66
5	lame of Employer VEST JEFFERSON PHYSICIAN SERVICES	Occupatio Physicia		
F	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 333.28	
. <u>J</u>	ull Name (Last, First, Middle Initial) ames Albert Corwin, MD			Date of Receipt
N	failing Address 4516 Robin Ln			08 21 2010
	ity ⁄Iidland	State	Zip Code	Transaction ID: 36391782
F	EC ID number of contributing ederal political committee.	C	79707-2219	Amount of Each Receipt this Period 41.66
Ŋ	lame of Employer IS ONCOLOGY	Occupatio Physicial		7
F	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 333.28	
	BTOTAL of Receipts This Page (optional)			124.98

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 89 (check only one) X
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persong the name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Michael Armstrong, Jr. MD Mailing Address 8700 Stony Point	Pkwy	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Ste 110 City Richmond FEC ID number of contributing	State Zip Code VA 23235-1968	Transaction ID: 36391784 Amount of Each Receipt this Period
federal political committee. Name of Employer SELF-EMPLOYED	Occupation Physician	41.66
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 333.28	
Full Name (Last, First, Middle Initial) Masud Iqbal Malik, MD Mailing Address 3865 N Mulford R	d	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 36391785
Rockford	IL 61114-5603	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.66
Name of Employer SELF-EMPLOYED	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 333.28	
Full Name (Last, First, Middle Initial) Scott Alan Hopkins, MD	•	Date of Receipt
Mailing Address 4252 Highland Dr	Ste 200	08 21 2010
City	State Zip Code	Transaction ID: 36391786
Salt Lake City FEC ID number of contributing federal political committee.	UT 84124-2690	Amount of Each Receipt this Period 41.66
Name of Employer WESTERN UROLOGICAL CLINIC	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 433.28	
SUPTOTAL of Possints This Page (antis	nal)	124.98

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 89 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN MEDICAL ASSOCIATION	name and address of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Jerry D Mclaughlin, MD Mailing Address 5419 N Lovington Hwy Ste 25		Date of Receipt 0 8 2 1 2 0 1 0
City Hobbs FEC ID number of contributing federal political committee.	State Zip Code NM 88240-9135	Transaction ID: 36391788 Amount of Each Receipt this Period 41.66
Name of Employer SELF-EMPLOYED Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 333.28	
Full Name (Last, First, Middle Initial) Willard Stanley Stawski, MD Mailing Address 1900 Wealthy St SE Ste 180 City Grand Rapids FEC ID number of contributing federal political committee. Name of Employer HEALTHQUEST SURGICAL ASSO- CIATES Receipt For: Primary General	State Zip Code MI 49506-2972 C Occupation Physician Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y O 8 2 1 2 0 1 0 Transaction ID: 36391789 Amount of Each Receipt this Period 41.66
Other (specify) ▼ Full Name (Last, First, Middle Initial) Basem Badie Abdelmalak, MD Mailing Address 9500 Euclid Ave E-31 City Cleveland	State Zip Code OH 44195-0001	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer CLEVELAND CLINIC Receipt For: Primary General Other (specify)	Occupation Physician Aggregate Year-to-Date 333.28	41.66
SUBTOTAL of Receipts This Page (optional)		124.98

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 89 (check only one) X 11a 11b 11c 12 13 14 15 16 11
NAME OF COMMITTEE (In Full)	ond Statements may not be sold or used by any pers the name and address of any political committee to ON POLITICAL ACTION COMMITTEE	
Full Name (Last, First, Middle Initial) Dennis Lee Galinsky, MD Mailing Address 600 N Fairbanks Ct Apt 2501 City Chicago FEC ID number of contributing federal political committee.		Date of Receipt M M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer NOMC MACNEAL RADIATION TH- ERAPY Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Physician Aggregate Year-to-Date ▼ 333.36	
Full Name (Last, First, Middle Initial) Agueda Lucia Mercado Acevedo, MD Mailing Address 45 Clark St	•	Date of Receipt 0 8 2 1 2 0 1 0
City	State Zip Code	Transaction ID: 36391793
Yonkers FEC ID number of contributing federal political committee.	NY 10704-2824	Amount of Each Receipt this Period 41.66
Name of Employer SELF-EMPLOYED	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 333.28	
Full Name (Last, First, Middle Initial) Jason Michael Goldman, MD		Date of Receipt
Mailing Address 3001 Coral Hills Dr Ste 340		0 8 2 1 2 0 1 0
City	State Zip Code	Transaction ID: 36391795
Coral Springs FEC ID number of contributing federal political committee.	FL 33065-4172	Amount of Each Receipt this Period 41.66
Name of Employer SELF-EMPLOYED	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 333.28	
SUBTOTAL of Receipts This Page (optional	l)	124.98

ITEMIZE Any informati	JLE A (FEC Form 3X) D RECEIPTS ion copied from such Reports and Sta	atements ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 89 (check only one) X 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions
NAME OF	ercial purposes, other than using the r F COMMITTEE (In Full) CAN MEDICAL ASSOCIATION			solicit contributions from such committee.
Full Name Elmer G S	e (Last, First, Middle Initial) smith, MD			Date of Receipt
Mailing Ad	ddress 4351 Booth Calloway R Ste 311	d		08 21 2010
City		State	Zip Code	Transaction ID: 36391796
	nd HIS umber of contributing litical committee.	C	76180-7380	Amount of Each Receipt this Period 41.66
	Employer L EDGE HEALTH CARE	Occupatio Physicia		
	or: nary General er (specify) ▼	Aggregate	e Year-to-Date ▼ 333.28	
	e (Last, First, Middle Initial) aurence Heacock, MD			Date of Receipt
Mailing Ad	ddress 2002 Medical Pkwy Ste 230			0 8 2 1 2 0 1 0
City Annapol	lio	State MD	Zip Code	Transaction ID: 36391797
FEC ID n	umber of contributing olitical committee.	C	21401-3282	Amount of Each Receipt this Period 41.66
Name of I ANNAPC	Employer DLIS ENT	Occupatio Physicia		
	or: nary General er (specify) ▼	Aggregate	e Year-to-Date ▼ 333.36	
Full Name C. Joydeep S	e (Last, First, Middle Initial) Som, MD			Date of Receipt
Mailing Ad	ddress 2002 Medical Pkwy Ste	230		0 8 2 1 2 0 1 0
City		State	Zip Code	Transaction ID: 36391798
Annapol		MD	21401-3282	Amount of Each Receipt this Period
	umber of contributing slitical committee.	C		41.66
Name of E SELF-EN	Employer IPLOYED	Occupatio Physicia		
	or: mary General er (specify) ▼	Aggregate	e Year-to-Date ▼ 333.28	
SUBTOTAL	of Receipts This Page (optional)			124.98

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 89 (check only one) X 11a
NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any person name and address of any political committee to N POLITICAL ACTION COMMITTEE	
Full Name (Last, First, Middle Initial) Charles Franklin Tate, MD Mailing Address 1090 SW 15th St		Date of Receipt
City	State Zip Code	0 8 2 1 2 0 1 0 Transaction ID: 36391799
Boca Raton FEC ID number of contributing federal political committee.	FL 33486-6858	Amount of Each Receipt this Period 41.66
Name of Employer RADIOLOGIST OF N FT LAUDE- RDALE PA Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 333.28	
Full Name (Last, First, Middle Initial) Richard Allen Dart, MD Mailing Address 1000 N Oak Ave Marshfield Clinic City	State Zip Code	Date of Receipt M M D D Y Y Y Y Y Y Y Y
Marshfield FEC ID number of contributing federal political committee.	WI 54449-5702	Amount of Each Receipt this Period 41.66
Name of Employer MARSHFIELD CLINIC	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 333.28	
Full Name (Last, First, Middle Initial) Harold A Woodcome, MD	<u> </u>	Date of Receipt
Mailing Address 690 Eddy St Retina Consultants		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City <u>Providence</u>	State Zip Code RI 02903-4928	Transaction ID: 36391802 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.66
Name of Employer RETINA CONSULTANTS, INC	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 333.36	
Primary General	333.36	124

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 89 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN MEDICAL ASSOCIATION			on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Martin G Guerrero, MD			Date of Receipt
Mailing Address PO Box 780219			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 36391803
San Antonio	TX	78278-0219	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		41.66
Name of Employer SELF-EMPLOYED	Occupation Physician		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 333.28	
Full Name (Last, First, Middle Initial) Theodore A Calianos. MD			Data of Daggiot
Mailing Address 151 Whitmar Rd			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 36391804
Cotuit	MA	02635-2931	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		41.66
Name of Employer SELF-EMPLOYED	Occupation Physician		
Receipt For: Primary General Other (specify) ▼	. ' - '	Year-to-Date ▼ 333.28]
Full Name (Last, First, Middle Initial) Kalyan S Krishnan, MD			Date of Receipt
Mailing Address 100 N Academy Ave			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 36391805
<u>Danville</u>	PA	17822-9800	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		41.66
Name of Employer GEISINGER MEDICAL CENTER	Occupation Physician		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 333.28	
SUBTOTAL of Receipts This Page (optional)			124.98

SCHEDULE A (FEC Form 3X)	Use separate sche	FOR LINE NUMBER: PAGE 23 / 89
ITEMIZED RECEIPTS	for each category	of the Crieck only one)
ITEMIZED RECEIPTS	Detailed Summary	Page X 11a 11b 11c 12 _
		13 14 15 16 1
Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used be name and address of any political co	by any person for the purpose of soliciting contributions ommittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)		
AMERICAN MEDICAL ASSOCIATION	POLITICAL ACTION COMMIT	TTEE
Full Name (Last, First, Middle Initial) Ted Louie, MD		Date of Receipt
Mailing Address 44 Buckingham Dr		0 8 2 1 2 0 1 0
City	State Zip Code	Transaction ID: 36391806
Belle Mead	NJ 08502-4022	
	110 00302-4022	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.66
Name of Employer HIGHLAND PARK MEDICAL ASS-	Occupation Physician	
OCIATES Receipt For:	Aggregate Year-to-Date ▼	
Primary General	Aggregate real-to-Date •	
Other (specify)	3	33.28
Full Name (Last, First, Middle Initial) Erich Bryan Groos, MD		Date of Receipt
Mailing Address 2400 Patterson St Ste 201		0 8 2 1 2 0 1 0
City	State Zip Code	Transaction ID: 36391807
Nashville	TN 37203-1587	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.66
Name of Employer CORNEA CONSULTANTS OF NAS- HVILLE PLLC	Occupation Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	3	33.28
Full Name (Last, First, Middle Initial) Michelle A Berger, MD		Date of Receipt
Mailing Address 4100 Duval Rd Ste 4-205		0 8 2 1 2 0 1 0
City	State Zip Code	Transaction ID: 36391808
Austin	TX 78759-4278	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.66
Name of Employer SELF-EMPLOYED	Occupation Physician	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼	33.28
SUBTOTAL of Receipts This Page (optional)		124.98

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 89 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN MEDICAL ASSOCIATION	e name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) John Norris Harrington, MD Mailing Address 9301 N Central Expy Ste 595 City Dallas FEC ID number of contributing federal political committee. Name of Employer SELF-EMPLOYED Receipt For: Primary General Other (specify)	State Zip Code TX 75231-0812 C Occupation Physician Aggregate Year-to-Date ▼ 333.28	Date of Receipt M M M / D D / Y Y Y Y Y O 8 2 1 2 0 1 0 Transaction ID: 36391809 Amount of Each Receipt this Period 41.66
Full Name (Last, First, Middle Initial) Ronald Michael Kline, MD Mailing Address 446 Beardsley Cir City Henderson FEC ID number of contributing federal political committee. Name of Employer COMPREHENSIVE CANCER CTRS OF NV Receipt For: Primary General Other (specify)	State Zip Code NV 89052-2669 C Occupation Physician Aggregate Year-to-Date 333.36	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Raj Behari Lal, MD Mailing Address 2809 Meyers Rd City Oak Brook FEC ID number of contributing federal political committee. Name of Employer SELF-EMPLOYED Receipt For: Primary General Other (specify)	State Zip Code IL 60523-1623 C Occupation Physician Aggregate Year-to-Date 333.28	Date of Receipt M M M / D D / Y Y Y Y Y O 8 2 1 2 0 1 0 Transaction ID: 36391811 Amount of Each Receipt this Period 41.66
SUBTOTAL of Receipts This Page (optional)		124.98

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 89 (check only one) X 11a
or for commercial purposes, other than us NAME OF COMMITTEE (In Full)	s and Statements may not be sold or used by any person sing the name and address of any political committee to ATION POLITICAL ACTION COMMITTEE	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Thomas James Madejski, MD Mailing Address 100 Ohio St Ste City Medina	C State Zip Code NY 14103-1191	Date of Receipt M M
FEC ID number of contributing federal political committee. Name of Employer SELF-EMPLOYED Receipt For: Primary General Other (specify)	Occupation Physician Aggregate Year-to-Date 333.28	41.66
Full Name (Last, First, Middle Initial) Patricia J Lindholm, MD Mailing Address 615 S Mill St City Fergus Falls FEC ID number of contributing federal political committee.	State Zip Code MN 56537-2756	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer FERGUS FALLS MEDICAL GROUP PA Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Physician Aggregate Year-to-Date 333.28	
Full Name (Last, First, Middle Initial) Jagajan Karmacharya, MD Mailing Address 405 N Hibiscus I Apt 210 City Miami Beach	Or State Zip Code FL 33139-5170	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee.	C	41.66
Name of Employer UNIVERSITY OF MIAMI Receipt For:	Occupation Physician Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	333.28]
SUBTOTAL of Receipts This Page (opti	onal)	124.98

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 89 (check only one) X 11a
NAME OF COMMITTEE (In Full)	I Statements may not be sold or used by any personal statements may not be sold or used by any personal statements and address of any political committee to DN POLITICAL ACTION COMMITTEE	
Full Name (Last, First, Middle Initial) Jacqueline Unger Mailing Address 116 Silver Palm Ave City Melbourne FEC ID number of contributing federal political committee. Name of Employer N/A Receipt For: Primary General Other (specify)		Date of Receipt M M Z 1 Z 0 1 0 Transaction ID: 36391817 Amount of Each Receipt this Period 41.66
Full Name (Last, First, Middle Initial) Joseph Samuel Valenti, MD Mailing Address 2805 S Mayhill Rd City Denton FEC ID number of contributing federal political committee. Name of Employer CARING FOR WOMEN, PA Receipt For: Primary General Other (specify)	State Zip Code TX 76208-5910 C Occupation Physician Aggregate Year-to-Date 333.28	Date of Receipt M M / D D / Y Y Y Y Y O 8 2 1 2 0 1 0 Transaction ID: 36391818 Amount of Each Receipt this Period 41.66
Full Name (Last, First, Middle Initial) Hector R Trevino-Guerra, MD Mailing Address 2176 E Garrison St Ste C City Eagle Pass FEC ID number of contributing federal political committee. Name of Employer SELF-EMPLOYED Receipt For: Primary General Other (specify)	State Zip Code TX 78852-5072 C Occupation Physician Aggregate Year-to-Date ▼ 333.28	Date of Receipt M M M / D D / Y Y Y Y Y O 8 2 1 2 0 1 0 Transaction ID: 36391819 Amount of Each Receipt this Period 41.66
SUBTOTAL of Receipts This Page (optional)		124.98

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and Sor for commercial purposes, other than using the	Statements ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 89 (check only one) X 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) AMERICAN MEDICAL ASSOCIATION			solicit contributions from such committee.
Δ.	Full Name (Last, First, Middle Initial)			Date of Receipt
	Mailing Address 136 Clubhouse Pl			08 21 2010
	City	State	Zip Code	Transaction ID: 36391822
	Elk City	OK	73644-7302	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		41.66
	Name of Employer SELF-EMPLOYED	Occupation Physicia		
	Receipt For: Primary General Other (specify) ▼	Aggregat	e Year-to-Date ▼ 333.28]
- В.	Full Name (Last, First, Middle Initial) David Glen Morrell, MD			Date of Receipt
	Mailing Address 2121 N 1700 W			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 36391823
	<u>Layton</u>	UT	84041-8803	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		41.66
	Name of Employer SELF-EMPLOYED	Occupation Physicial Physi		
	Receipt For: Primary General Other (specify) ▼	Aggregat	e Year-to-Date ▼ 333.28	
- C.	Full Name (Last, First, Middle Initial) Tanner Fred Lang, MD			Date of Receipt
	Mailing Address N3292 Feather Ridge	Dr		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 36391824
	Appleton	WI	54913-9698	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		41.66
	Name of Employer UNITED ANESTHESIA	Occupation Anesthe		
	Receipt For: Primary General Other (specify) ▼	Aggregat	e Year-to-Date ▼ 333.28	
	SUBTOTAL of Receipts This Page (optional)	1		124.98
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate for each cate Detailed Sum	gory of the (FOR LINE NUMBER: PAGE 28 / 89 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Si or for commercial purposes, other than using the	tatements ma name and ad	y not be sold or u dress of any polit	sed by any perso	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN MEDICAL ASSOCIATION	POLITICAL	_ ACTION CO	MMITTEE	
Full Name (Last, First, Middle Initial) Charles Frederick Willson, MD				Date of Receipt
Mailing Address 600 Moye Blvd Brody 3E139 Dept Ped	ls			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code		Transaction ID: 36391825
Greenville	NC	27834-430)	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С			41.66
Name of Employer EAST CAROLINA UNIV PHYSIC- IANS	Occupatio Physicia			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date	333.28	
Full Name (Last, First, Middle Initial) Frank Harry Ryan, Jr. MD				Date of Receipt
Mailing Address 9675 Brighton Way Ste 340				0 8 2 1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code		Transaction ID: 36391826
Beverly Hills	CA	90210-515	5	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C			41.66
Name of Employer SELF-EMPLOYED	Occupation Physicial			
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date	391.62	
Full Name (Last, First, Middle Initial) Peter Augusto Bernardo, MD				Date of Receipt
Mailing Address 700 Bellevue St SE Ste 230				0 8 2 1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City <u>Salem</u>	State OR	Zip Code 97301-385	5	Transaction ID: 36391827 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1 1 1 1		41.66
Name of Employer SELF-EMPLOYED	Occupatio Surgeon	n		
Receipt For: Primary General Other (specify) ▼	,	e Year-to-Date	333.36	
SUBTOTAL of Receipts This Page (optional)				124.98

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 29 / 89 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN MEDICAL ASSOCIATION			
Full Name (Last, First, Middle Initial) Gary Lewis Woods, MD			Date of Receipt
Mailing Address 264 Pleasant St			08 21 2010
City	State	Zip Code	Transaction ID: 36391828
Concord	NH	03301-2551	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		41.66
Name of Employer CONCORD ORTHOPAEDICS PA	Occupatio Physicia		
Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 333.36]
Full Name (Last, First, Middle Initial) Richard S Frankenstein, MD			Date of Receipt
Mailing Address 1202 Castlegate Ln			M M / D D / Y Y Y Y Y O D D / 2010
City	State	Zip Code	Transaction ID: 36391829
Santa Ana	CA	92705-2941	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		41.66
Name of Employer RIVERSIDE MED CLINIC	Occupatio Physicia		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 333.36	
Full Name (Last, First, Middle Initial) Howard Bradley Chodash, MD			Date of Receipt
Mailing Address 3804 Indian Lands Ln			08 21 2010
City	State	Zip Code	Transaction ID: 36391831
<u>Springfield</u>	<u> </u>	62711-8214	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		41.66
Name of Employer HEALTHCARE NETWORK ASSOCI- ATES	Occupatio Physicia		
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		333.36]
SUBTOTAL of Receipts This Page (optional)		__	124.98

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 30 / 89 (check only one) X
or for commercial purposes, other than using th NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any personal properties of any political committee to the political ACTION COMMITTEE	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Niranjan Marino Selvarajah, MD Mailing Address 111 Willow Meadow V City Oneida FEC ID number of contributing federal political committee. Name of Employer SELF-EMPLOYED Receipt For:	Way State Zip Code NY 13421-1851 C Occupation Physician Aggregate Year-to-Date ▼	Date of Receipt M M
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) J Duchicela Santacruz, MD Mailing Address 402 Youens Dr City Weimar	State Zip Code TX 78962-3680	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer YOUENS AND DUCHICELA CLINIC Receipt For: Primary General Other (specify)	C Occupation Physician Aggregate Year-to-Date ▼	41.66
Full Name (Last, First, Middle Initial) Marcy L Zwelling, MD Mailing Address 3771 Katella Ave Ste 108 City Los Alamitos FEC ID number of contributing	State Zip Code CA 90720-3111	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
rec ib number of contributing federal political committee. Name of Employer SELF-EMPLOYED Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date 333.36	41.66
SUBTOTAL of Receipts This Page (optional)		124.98

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 31 / 89 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN MEDICAL ASSOCIATION	e name and ad	dress of any political committee t	son for the purpose of soliciting contributions o solicit contributions from such committee.
\ A .	Full Name (Last, First, Middle Initial) Robert Best Mailing Address 119 Belmont St			Date of Receipt 0 8 2 1 2 0 1 0
	City Worcester	State MA	Zip Code 01605-2903	Transaction ID: 36391836 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		41.66
	Name of Employer N/A Receipt For: Primary General Other (specify) ▼	, ' ' ' 	n Spouse e Year-to-Date ▼ 250.04	
3.	Full Name (Last, First, Middle Initial) Scott Robert Hannum, DO Mailing Address 6554 Lake Burden Vie	ew Dr		Date of Receipt 0 8 2 1 2 0 1 0
	City	State	Zip Code	Transaction ID: 36391837
	Windermere FEC ID number of contributing federal political committee.	C	34786-5652	Amount of Each Receipt this Period 41.66
	Name of Employer VASCULAR CLINIC	Occupation Physicia		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 291.70	
- :.	Full Name (Last, First, Middle Initial) Joseph Mc Elroy Mann, MD Mailing Address 163 N Date St	ı		Date of Receipt 0 8 2 1 2 0 1 0
	City	State	Zip Code	Transaction ID: 36391838
	Escondido FEC ID number of contributing federal political committee.	CA	92025-3405	Amount of Each Receipt this Period 41.66
	Name of Employer SELF-EMPLOYED	Occupation Physicia		
	Receipt For: Primary General Other (specify) ▼	<u>, </u>	e Year-to-Date ▼ 333.36	
	SUBTOTAL of Receipts This Page (optional)			124.98
	TOTAL This Period (last page this line number	only)		

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 32 / 89 (check only one) X
Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN MEDICAL ASSOCIATION	e name and add	dress of any political committee to	on for the purpose of soliciting contributions osolicit contributions from such committee.
Full Name (Last, First, Middle Initial) Gary Robert Katz, MD Mailing Address 7918 Wisteria Ct City Dublin FEC ID number of contributing federal political committee. Name of Employer PREMIER HEALTHCARE SERVIC-ES, INC. Receipt For: Primary General Other (specify)		Zip Code 43016-8531 n cy Physician Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dennis Buford Yelvington, MD Mailing Address 1609 N Medical Dr City Stuttgart FEC ID number of contributing federal political committee. Name of Employer STUTTGART REGIONAL CLINIC	State AR C		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
NETWORK Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) John Michael Van Etta, MD Mailing Address 1535 Skywood Ln	Physician Aggregate	e Year-to-Date ▼ 333.36	Date of Receipt 0 8 2 3 2 0 1 0
City <u>Duluth</u> FEC ID number of contributing federal political committee.	State MN	Zip Code 55805-1153	Transaction ID: 36391854 Amount of Each Receipt this Period 83.33
Name of Employer ST LUKES INTERNAL MEDICINE ASSOCIATES Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate		
SUBTOTAL of Receipts This Page (optional) .	1		166.65

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SCHEDULE A (FEC Form 3X))	Use separate schedule(s)	FOR LINE NUMBER: PAGE 33 / 89
ITEMIZED RECEIPTS		for each category of the	(check only one)
II EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the	Statements ma ne name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
AMERICAN MEDICAL ASSOCIATION	N POLITICAL	ACTION COMMITTEE	
Full Name (Last, First, Middle Initial) A. Linda Lee Van Etta, MD			Date of Receipt
Mailing Address 1001 E Superior St			M M / D D / Y Y Y Y
Assoc/St Lukes Lake	view 201		08 23 2010
City	State	Zip Code	Transaction ID: 36391855
<u>Duluth</u>	MN	55802-2207	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		83.33
rederal political committee.			
Name of Employer ST LUKES INTERNAL MEDICINE ASSOCIATES	Occupatio Physicia		
Receipt For:		e Year-to-Date ▼	
Primary General	7 tggregate		1
Other (specify) 🔻	0 0	666.64	
Full Name (Last, First, Middle Initial) B. Mr. Mike R. Cys			Date of Receipt
Mailing Address 7307 Laketree Dr.			M M / D D / Y Y Y Y
			08 23 2010
City	State	Zip Code	Transaction ID: 36391856
Fairfax Station	VA	22039-2926	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		83.33
Name of Employer AMERICAN MEDICAL ASSOCIAT-	Occupatio	n	7
AMERICAN MEDICAL ASSOCIAT- ION	AMA Exe	ecutive	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General		000.04	1
Other (specify)	0 0	666.64	
Full Name (Last, First, Middle Initial) C. Nestor A Ramirez-Lopez, MD	1		Date of Receipt
Mailing Address 1319 Grandview Dr			08 23 2010
City	State	Zip Code	Transaction ID: 36391857
<u>Champaign</u>	IL	61820-6824	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		83.33
Name of Employer NORTHSIDE NEONATAL & INFA- NT CARE	Occupation Physicia		
Receipt For:	Aggregate	e Year-to-Date ▼	7
Primary General	33 3		1
Other (specify)		666.64	
SUBTOTAL of Receipts This Page (optional)			249.99

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 34 / 89 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full) AMERICAN MEDICAL ASSOCIATION	the name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Joy Ann Maxey, MD Mailing Address 3091 Maple Dr NE S	Ste 315		Date of Receipt
City Atlanta FEC ID number of contributing	State GA	Zip Code 30305-2613	0 8 2 3 2 0 1 0 Transaction ID: 36391858 Amount of Each Receipt this Period 83.33
Rame of Employer ATLANTA CHILDRENS CLINICAL CENTER PC Receipt For: Primary Other (specify) ▼	Occupation Physician]
Full Name (Last, First, Middle Initial) Roy Wesley Vandiver, MD Mailing Address 3525 Piedmont Rd Note 600 City Atlanta FEC ID number of contributing	State GA	Zip Code 30305-1578	Date of Receipt M M M
federal political committee. Name of Employer MAG MUTUAL INSURANCE CO Receipt For: Primary General Other (specify)	Occupation Physician Aggregate		83.33
Full Name (Last, First, Middle Initial) Elvin C Irvin, MD Mailing Address 555 E Cheves St			Date of Receipt 0 8 2 3 2 0 1 0
City Florence FEC ID number of contributing federal political committee.	State SC	Zip Code 29506-2617	Transaction ID: 36391860 Amount of Each Receipt this Period 83.33
Name of Employer SELF-EMPLOYED Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate		
SUBTOTAL of Receipts This Page (optional)		249.99

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule for each category of the Detailed Summary Page	e (check only one)
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may not be sold or used by ar the name and address of any political comn	ny person for the purpose of soliciting contributions nittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)	ON POLITICAL ACTION COMMITTE	
Full Name (Last, First, Middle Initial) Keith Francis De Sonier, MD		Date of Receipt
Mailing Address 555 Dr Michael Deb	akey Dr	08 23 2010
City Lake Charles	State Zip Code LA 70601-5700	Transaction ID: 36391861
FEC ID number of contributing federal political committee.	C 70001-5700	Amount of Each Receipt this Period 83.33
Name of Employer SELF-EMPLOYED	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	64
Full Name (Last, First, Middle Initial) John Steven Polsley, MD		Date of Receipt
Mailing Address 900 Scioto St Family Physician of	Urbana	08 23 2010
City	State Zip Code OH 43078-2251	Transaction ID: 36391862
Urbana FEC ID number of contributing federal political committee.	OH 43078-2251	Amount of Each Receipt this Period 83.33
Name of Employer FAMILY PHYSICIANS OF URBA- NA INC	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 666.0	64
Full Name (Last, First, Middle Initial) William Lee Hamilton, MD		Date of Receipt
Mailing Address 5171 Cottonwood Si Ste 750		08 23 2010
City Salt Lake Cty	State Zip Code UT 84107-5705	Transaction ID: 36391863 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer INTERMOUNTAIN HEALTHCARE	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 729.	18
	I	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 36 / 89 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN MEDICAL ASSOCIATION	ne name and add	dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Mr. George E. Cox Mailing Address 10308 Fleming Ave.			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Bethesda FEC ID number of contributing federal political committee.	State MD	Zip Code 20814-2136	Transaction ID: 36391864 Amount of Each Receipt this Period 83.33
Name of Employer AMERICAN MEDICAL ASSOCIAT- ION Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupatio AMA Exe Aggregate		
Full Name (Last, First, Middle Initial) Nancy Louise Mueller, MD Mailing Address 610 E Palisade Ave	1		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 36391866
Englewood	NJ	07632-1801	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		83.33
Name of Employer SELF-EMPLOYED	Occupatio Physicia	n	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 666.64	
Full Name (Last, First, Middle Initial) Mr. Kenneth D. Lancin			Date of Receipt
Mailing Address 610 East Plaisade Av	venue		08 23 2010
City	State	Zip Code	Transaction ID: 36391867
Englewood Cliffs FEC ID number of contributing federal political committee.	C	07632-1801	Amount of Each Receipt this Period 83.33
Name of Employer SELF-EMPLOYED	Occupatio Manager	n ment Consultant	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 666.64	
	1		249.99

SCHEDULE A (FEC Form 3)	Use separate for each cate Detailed Sun	· ,	FOR LINE NUMBER: PAGE 37 / 89 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) AMERICAN MEDICAL ASSOCIAT	g the name and address of any poli	tical committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Keith Irvin Adams, MD Mailing Address 416 Munro Rd			Date of Receipt
City <u>Mill Hall</u>	State Zip Code PA 17751-846	3	Transaction ID: 36391868 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		83.33
Name of Employer HEALTH SERVICES OF CLARION INC Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Physician Aggregate Year-to-Date	666.64	
Full Name (Last, First, Middle Initial) Lisa Bohman Egbert, MD Mailing Address 7720 Paragon Rd Paragon Women's	Care		Date of Receipt M M A Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z
City	State Zip Code		Transaction ID: 36391869
Dayton FEC ID number of contributing federal political committee.	OH 45459-405	3	Amount of Each Receipt this Period 83.33
Name of Employer PARAGON WOMEN'S CARE	Occupation Physician		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date	666.64	
Full Name (Last, First, Middle Initial) Gregory Jude Gallina, MD			Date of Receipt
Mailing Address 20 Prospect Ave S	te 811		08 23 2010
City	State Zip Code		Transaction ID: 36391870
Hackensack FEC ID number of contributing federal political committee.	NJ 07601-198	9	Amount of Each Receipt this Period 83.33
Name of Employer COLON RECTAL SURGERY PA	Occupation Physician		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date	666.64	
SUBTOTAL of Receipts This Page (option	al)		249.99

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 38 / 89 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any persone name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN MEDICAL ASSOCIATIO	N POLITICAL ACTION COMMITTEE	
Full Name (Last, First, Middle Initial) Mrs. Nancy Kyler		Date of Receipt
Mailing Address 675 Sherwood Ln.		08 23 7 2010
City	State Zip Code	Transaction ID: 36391871
Staunton	VA 24401-4425	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	83.33
Name of Employer N/A	Occupation Physician Spouse	7
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 666.64	
Full Name (Last, First, Middle Initial) Mary Susan Carpenter, MD		Date of Receipt
Mailing Address PO Box 769		08 23 2010
City	State Zip Code	Transaction ID: 36391872
Winner	SD 57580-0769	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer FAMILY PRACTICE ASSOC OF WINNER PLLC	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 666.64	
Full Name (Last, First, Middle Initial) Gary Lee Dillehay, MD		Date of Receipt
Mailing Address 251 E Huron St		0 8 2 3 2 0 1 0
City	State Zip Code	Transaction ID: 36391873
Chicago	IL 60611-2908	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer LOYOLA UNIVERSITY PHYSICI- AN FOUNDATION	Occupation Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	666.64	
SUBTOTAL of Receipts This Page (optional)		249.99
TOTAL This Period (last page this line number	·	

Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any pers	•
AMERICAN MEDICAL ASSOCIATIO		on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Randolph J Gould, MD FACS Mailing Address 1801 Windy Ridge Pt City Virginia Bch FEC ID number of contributing federal political committee. Name of Employer NORFOLK SURGICAL GROUP LTD	State Zip Code VA 23454-1534 C Occupation	Date of Receipt M M
Receipt For: Primary General Other (specify) ▼	Physician Aggregate Year-to-Date ▼ 666.64	
Full Name (Last, First, Middle Initial) Robert Ernest Hertzka, MD Mailing Address PO Box 1018		Date of Receipt M M D D Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 36391877
Rcho Santa Fe FEC ID number of contributing federal political committee.	CA 92067-1018	Amount of Each Receipt this Period 83.33
Name of Employer ANESTHESIA SERVICE MEDICAL GROUP Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 666.64	
Full Name (Last, First, Middle Initial) John Jos Kennedy, Jr. MD Mailing Address 1675 Providence Ave		Date of Receipt
		08 23 2010
City Schenectady	State Zip Code NY 12309-3919	Transaction ID: 36391878 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer SELF-EMPLOYED	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 666.64	
SUBTOTAL of Receipts This Page (optional)		249.99

SCHEDULE A (FEC Form 3X TEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 40 / 89 (check only one)
any information copied from such Reports and r for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	Statements may he name and add	r not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
AMERICAN MEDICAL ASSOCIATION	ON POLITICAL	ACTION COMMITTEE	
Full Name (Last, First, Middle Initial) Mark Chas Komorowski, MD			Date of Receipt
Mailing Address 610 S Trumbull St			08 23 2010
City	State	Zip Code	Transaction ID: 36391879
Bay City FEC ID number of contributing federal political committee.	C	48708-7656	Amount of Each Receipt this Period 83.33
Name of Employer SELF-EMPLOYED	Occupation Physician		
Receipt For: Primary General Other (specify)		Year-to-Date ▼ 666.68	
Full Name (Last, First, Middle Initial) Daniel Joel Koretz, MD Mailing Address 6200 Slocum Rd			Date of Receipt
			08 23 2010
City Ontario	State NY	Zip Code 14519-9142	Transaction ID: 36391880 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1 1 1 1 1	83.33
Name of Employer SELF-EMPLOYED	Occupation Physician		
Receipt For: Primary General Other (specify)		Year-to-Date ▼ 666.64	
Full Name (Last, First, Middle Initial) Glenn Allen Loomis, MD			Date of Receipt
Mailing Address 1600 Albany St St Francis Medical G	Group		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Beech Grove	State IN	Zip Code 46107-1541	Transaction ID: 36391881 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40107 1041	83.33
Name of Employer SPARROW HEALTH SYSTEM	Occupation Physician		
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 666.64	
SUBTOTAL of Receipts This Page (optional)			249.99

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 41 / 89 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than usin NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persong the name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Patrick Wm Mc Cormick, MD FACS Mailing Address 2222 Cherry St #	2-M200	Date of Receipt 0 8 2 3 2 0 1 0
City Toledo	State Zip Code OH 43608-2673	Transaction ID: 36391882 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer NEUROSURGICAL NETWORK INC Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date 666.68	
Full Name (Last, First, Middle Initial) Michael E Migliori, MD Mailing Address 120 Dudley St Ste 301		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 36391883
Providence FEC ID number of contributing federal political committee.	RI 02905-2429	Amount of Each Receipt this Period 83.33
Name of Employer SELF-EMPLOYED	Occupation Physician	7
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 666.64	
Full Name (Last, First, Middle Initial) Steven Kay Miller, MD Mailing Address 22 S 900 E	I	Date of Receipt
City	State Zip Code	0 8 2 3 2 0 1 0 Transaction ID: 36391884
Salt Lake City FEC ID number of contributing federal political committee.	UT 84102-1307	Amount of Each Receipt this Period 83.33
Name of Employer INTERMOUNTAIN EAR NOSE & THROAT SPEC.	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 666.64	
SUBTOTAL of Receipts This Page (option	nal)	249.99

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 42 / 89 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) AMERICAN MEDICAL ASSOCIATION	he name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Lance Allen Talmage, MD Mailing Address 45 Exmoor			Date of Receipt
City Ottawa Hills FEC ID number of contributing	State OH	Zip Code 43615-2174	Transaction ID: 36391885 Amount of Each Receipt this Period 83.33
Receipt For: Primary Other (specify)	Occupation Physician]
Full Name (Last, First, Middle Initial) Mr. Kevin Walker Mailing Address 10635 Canterberry F	Rd.		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City Fairfax Station FEC ID number of contributing federal political committee.	State VA	Zip Code 22039-1927	Transaction ID: 36391886 Amount of Each Receipt this Period 83.33
Name of Employer AMERICAN MEDICAL ASSOCIAT- ION Receipt For: ☐ Primary ☐ General Other (specify) ▼	Occupation AMA Exe		
Full Name (Last, First, Middle Initial) Michael Bradley Simon, MD Mailing Address 35 Gellatly Dr			Date of Receipt 0 8 2 3 2 0 1 0
City Wappingers FI FEC ID number of contributing federal political committee.	State NY	Zip Code 12590-6452	Transaction ID: 36391887 Amount of Each Receipt this Period 83.33
Name of Employer NAPA Receipt For:	Occupation Physician Aggregate		
Primary General Other (specify) ▼	Aggregate	666.64	
SUBTOTAL of Receipts This Page (optional)			249.99

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 43 / 89 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN MEDICAL ASSOCIATIO	ne name and add	dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) David Thos Hannan, MD Mailing Address 3669 Countryside Ln Box 110			Date of Receipt 0 8 2 3 2 0 1 0
City Marion	State NY	Zip Code 14505-9781	Transaction ID: 36391888 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		83.33
Name of Employer ARCADIA FAMILY PRACTICE PC Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate		
Full Name (Last, First, Middle Initial) Robert Cameron More, MD Mailing Address 6 Sand Hill Rd Ste 102	-		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 36391889
Flemington FEC ID number of contributing federal political committee.	C	08822-4946	Amount of Each Receipt this Period 83.33
Name of Employer HUNTERDON ORTHOPEDIC INST- ITUTE Receipt For:	Occupatio Physicial	n	
Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 666.64]
Full Name (Last, First, Middle Initial) Stephen Alan Imbeau, MD			Date of Receipt
Mailing Address 800 E Cheves St Ste 420			08 23 2010
City Florence	State SC	Zip Code 29506-2649	Transaction ID: 36391890
FEC ID number of contributing federal political committee.	C	23300*2049	Amount of Each Receipt this Period 83.33
Name of Employer ALLERGY ASTHMA & SINUS CE- NTER	Occupatio Physicial	n	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 666.64	
	1		249.99

ITEMIZED RE	A (FEC Form 3X) ECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 44 / 89 (check only one) X 11a
Any information copi or for commercial pu	ed from such Reports and S rposes, other than using the	Statements may e name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMP AMERICAN M	, ,	N POLITICAL	ACTION COMMITTEE	
Full Name (Last, Josefina Cabuena	First, Middle Initial) Bello, MD			Date of Receipt
Mailing Address	G3317 Beecher Rd			08 23 2010
City Flint		State MI	Zip Code	Transaction ID: 36391891
FEC ID number of federal political co		C	48532-3615	Amount of Each Receipt this Period 83.33
Name of Employe JOSEPHINE C.	er BELLO, MD PLC	Occupation Physician		
Receipt For: Primary Other (spec	General	, ' 	e Year-to-Date ▼ 666.64	
Full Name (Last, William Austin Dol	First, Middle Initial) an. MD			Date of Receipt
	880 Westfall Rd Ste A			0 8 2 3 Y Y Y Y Y Y
City Rochester		State NY	Zip Code 14618-2611	Transaction ID: 36391892 Amount of Each Receipt this Period
FEC ID number of federal political co		C	14010 2011	83.33
Name of Employe	er EY ORTHOPAEDIC	Occupation Physician		
CENTER Receipt For: Primary Other (spec	General	, ' 	e Year-to-Date ▼ 666.64	
	First, Middle Initial)			Data of Descript
Hugo Armando Alv Mailing Address	169 Santa Fe Ln			Date of Receipt 0 8 2 3 2 0 1 0
City		State	Zip Code	Transaction ID: 36391893
Willow Spgs FEC ID number of	of contributing		60480-1624	Amount of Each Receipt this Period
federal political co	ommittee.	C		83.33
Name of Employe ACCESS COMM NETWORK ADM		Occupation Physician	n	
Receipt For: Primary Other (spec	General ify) ▼	Aggregate	e Year-to-Date ▼ 666.64	
		1		249.99

or for commercial purposes, other than usi NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persong the name and address of any political committee to TION POLITICAL ACTION COMMITTEE	solicit contributions from such committee.
AMERICAN MEDICAL ASSOCIA Full Name (Last, First, Middle Initial) Angelo S Carrabba, MD Mailing Address 811 Blue Hills Av City		Data of Bossint
Angelo S Carrabba, MD Mailing Address 811 Blue Hills Av City	е	Data of Passint
City	5	Date of Receipt
-	State Zip Code	08 23 2010
	State Zip Code CT 06002-3709	Transaction ID: 36391894 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer SELF-EMPLOYED	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 666.64	
Full Name (Last, First, Middle Initial) Diana Reiko Shiba, MD		Date of Receipt
Mailing Address 8950 Costa Verdo No 4137	e Blvd	08 23 4 2010
City San Diego	State Zip Code CA 92122-1176	Transaction ID: 36391895
FEC ID number of contributing federal political committee.	C 92122-1176	Amount of Each Receipt this Period 41.66
Name of Employer UNIVERSITY OF CALIFORNIA, SAN DIEGO	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 333.28	
Full Name (Last, First, Middle Initial) John S Mc Intyre, MD		Date of Receipt
Mailing Address 2000 Winton Rd Ste 303	S	08 23 2010
City	State Zip Code	Transaction ID: 36391896
Rochester FEC ID number of contributing federal political committee.	NY 14618-3970	Amount of Each Receipt this Period 83.33
Name of Employer UNITY MENTAL HEALTH	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 666.64	
SUBTOTAL of Receipts This Page (optic	nal)	208.32

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	for each ca	ate schedule(s) ategory of the ummary Page	FOR LINE NUMBER: PAGE 46 / 89 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) AMERICAN MEDICAL ASSOCIAT	g the name and address of any p	olitical committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Devdutta G Sangvai, MD Mailing Address 708 Oxboro Cir			Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City <u>Durham</u> FEC ID number of contributing federal political committee.	State Zip Code NC 27713-8		Transaction ID: 36391897 Amount of Each Receipt this Period 83.33
Name of Employer DUKE UNIVERSITY Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date	▼ 666.64	
Full Name (Last, First, Middle Initial) David George Gerkin, MD Mailing Address 2300 Lakemoor Dr			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Knoxville FEC ID number of contributing federal political committee.	State Zip Code TN 37920-2		Transaction ID: 36391898 Amount of Each Receipt this Period 83.33
Name of Employer SELF-EMPLOYED Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date	666.64	
Full Name (Last, First, Middle Initial) Hans Chin Arora Mailing Address 540 W Belmont Av	e		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
Unit 2B City Chicago FEC ID number of contributing federal political committee.	State Zip Code IL 60657-4		Transaction ID: 36391899 Amount of Each Receipt this Period 41.66
Name of Employer N/A Receipt For: Primary General Other (specify) ▼	Occupation Medical Student Aggregate Year-to-Date	▼ 333.28	
SUBTOTAL of Receipts This Page (option	al))	208.32

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 47 / 89 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than us NAME OF COMMITTEE (In Full)	s and Statements may not be sold or used by any perso sing the name and address of any political committee to ATION POLITICAL ACTION COMMITTEE	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Judson J Somerville, MD Mailing Address 6801 McPhersor	n Bd	Date of Receipt
Ste 334 City	State Zip Code	0 8 2 3 2 0 1 0 Transaction ID: 36391900
<u>Laredo</u>	TX 78041-6417	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer SELF-EMPLOYED	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 666.64	
Full Name (Last, First, Middle Initial) Donald Franklin, Jr. MD		Date of Receipt
Mailing Address 5335 Summerfie	old Ln	08 / DD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code TN 37377-2861	Transaction ID: 36391901
Signal Mtn FEC ID number of contributing federal political committee.	TN 37377-2861	Amount of Each Receipt this Period 83.33
Name of Employer NEPHROLOGY ASSOCIATES	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 666.64	
Full Name (Last, First, Middle Initial) Janice Tildon-Burton, MD		Date of Receipt
Mailing Address 2600 Glasgow A Ste 207	ve	08 23 2010
City <u>Newark</u>	State Zip Code DE 19702-5704	Transaction ID: 36391903 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer SELF-EMPLOYED	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 666.64	
SUBTOTAL of Receipts This Page (opti	onal)	249.99

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 48 / 89 (check only one) X 11a 11b 11c 12 13 14 15 16
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any pethe name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Kathleen Blake, MD Mailing Address 15 Charles Plz Apt 1402 City Baltimore	State Zip Code MD 21201-3941	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee.	Occupation	83.33
Name of Employer NEW MEXICO HEART INSTITUT- E-ALBUQUERQUE Receipt For: Primary General Other (specify) ▼	Physician Aggregate Year-to-Date ▼ 666.64	
Full Name (Last, First, Middle Initial) Michael James Richardson, MD Mailing Address 254 Easton Ave St Peters Med Ctr		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 36391906
New Brunswick FEC ID number of contributing federal political committee.	NJ 08901-1780	Amount of Each Receipt this Period 83.33
Name of Employer ANESTHESIA CONSULTANTS OF NEW JERSEY Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date 666.64	
Full Name (Last, First, Middle Initial) Spurgeon Wm Clark, III MD Mailing Address 502 Isabella St		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 36391907
Waycross FEC ID number of contributing federal political committee.	GA 31501-3638	Amount of Each Receipt this Period 83.33
Name of Employer EMORY HEALTHCARE	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 666.64	
SUBTOTAL of Receipts This Page (optional		249.99

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 49 / 89 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
AMERICAN MEDICAL ASSOCIATION	POLITICAL ACTION COMMITTEE	
Full Name (Last, First, Middle Initial) David Vito Nenna, MD		Date of Receipt
Mailing Address 1465 Route 31 S		08 23 4 2010
City	State Zip Code	Transaction ID: 36391908
<u>Annandale</u>	NJ 08801-3129	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer SELF-EMPLOYED	Occupation Physician	7
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 666.64	
Full Name (Last, First, Middle Initial) You Sung Sang, MD		Date of Receipt
Mailing Address 79 Wawecus St Ste 101		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 36391909
Norwich	CT 06360-2173	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer NORWICH GI ASSOCIATES PC	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 666.64	
Full Name (Last, First, Middle Initial) Dieter Pohl, MD		Date of Receipt
Mailing Address 34 Eames St		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 36391910
Providence	RI 02906-3304	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer RHODE ISLAND SURGEONS	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 766.64	
SUBTOTAL of Receipts This Page (optional)		249.99

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 50 / 89 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	name and address of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.
AMERICAN MEDICAL ASSOCIATION	I POLITICAL ACTION COMMITTEE	
Full Name (Last, First, Middle Initial) Albert Ray, MD		Date of Receipt
Mailing Address 6127 Seacrest View R	d	0 8 2 3 2 0 1 0
City	State Zip Code	Transaction ID: 36391911
San Diego	CA 92121-4123	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer KAISER FDN HEALTH PLAN NA- TION HQ	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 666.64	
Full Name (Last, First, Middle Initial) Ronald Lee Morton. MD		Date of Receipt
Mailing Address 1001 Tower Way Ste	150	0 8 2 3 2 0 1 0
City	State Zip Code	Transaction ID: 36391912
<u>Bakersfield</u>	CA 93309-1586	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer SELF-EMPLOYED	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 666.64	
Full Name (Last, First, Middle Initial) Raj Ambay, MD	<u> </u>	Date of Receipt
Mailing Address 5639 Longford Ter Apt	203	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 36391913
Fitchburg	WI 53711-6973	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.66
Name of Employer UW-MADISON	Occupation Plastic Surgery Resident	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 333.28	
SUBTOTAL of Receipts This Page (optional)	<u> </u>	208.32

SCHEDULE A (FEC Form 3X TEMIZED RECEIPTS	.)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 51 / 89 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may the name and add	Ly not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) AMERICAN MEDICAL ASSOCIATION	ON POLITICAL	ACTION COMMITTEE	
Full Name (Last, First, Middle Initial) Alexander Ding, MD			Date of Receipt
Mailing Address 4 Longfellow PI Apt			08 23 7 2010
City	State	Zip Code	Transaction ID: 36391914
Boston	MA	02114-2826	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		41.66
Name of Employer PARTNERS HEALTH CARE	Occupation Resident		
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	333.28	
Full Name (Last, First, Middle Initial) Joseph Payne Annis, MD			Date of Receipt
Mailing Address 3 Sundown Pkwy			08 23 7 2010
City	State	Zip Code	Transaction ID: 36391915
Austin	TX	78746-5201	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		83.33
Name of Employer UT PHYSICIANS-ADMINISTRAT- ION	Occupation Physician		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 666.64	
Full Name (Last, First, Middle Initial) Thomas Walton Eppes, Jr. MD			Date of Receipt
Mailing Address PO Box 389			08 23 7 2010
City	State	Zip Code	Transaction ID: 36391916
Forest	VA	24551-0389	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		83.33
Name of Employer CENTRAL VIRGINIA FAMILY PHYSICIANS	Occupation Physician		
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	766.64	
SUBTOTAL of Receipts This Page (optional			208.32

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 52 / 89 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and State or for commercial purposes, other than using the result of NAME OF COMMITTEE (In Full)	atements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions a solicit contributions from such committee.
AMERICAN MEDICAL ASSOCIATION	POLITICAL ACTION COMMITTEE	
Full Name (Last, First, Middle Initial) Srinivas B Mukkamala, MD Mailing Address 1170 Charter Dr		Date of Receipt
Ste F City	State Zip Code	0 8 2 3 2 0 1 0 Transaction ID: 36391917
Flint	MI 48532-3587	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer SELF-EMPLOYED	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 666.64	
Full Name (Last, First, Middle Initial) Alan Barth Pillersdorf, MD		Date of Receipt
Mailing Address 1620 S Congress Ave Ste 100	7.0.1	08 23 2010
City <u>Palm Springs</u>	State Zip Code FL 33461-2128	Transaction ID: 36391919
FEC ID number of contributing federal political committee.	FL 33461-2128	Amount of Each Receipt this Period 83.33
Name of Employer PLASTIC SURGERY OF PALM BEACH PA	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 666.64	
Full Name (Last, First, Middle Initial) Erick Allen Eiting, MD		Date of Receipt
Mailing Address 15 W 107th St Apt 24		08 / DDD / YYYYY 23 / 2010
City	State Zip Code	Transaction ID: 36391920
New York FEC ID number of contributing federal political committee.	NY 10025-3308	Amount of Each Receipt this Period 41.66
Name of Employer JACOBI MEDICAL CENTER	Occupation Resident	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 333.28	
SUBTOTAL of Receipts This Page (optional)		208.32
TOTAL This Period (last page this line number o	·	

	DULE A (FEC Form 3X) ZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 53 / 89 (check only one) X 11a 11b 11c 12 13 14 15 16
or for con	mation copied from such Reports and S nmercial purposes, other than using the EOF COMMITTEE (In Full) RICAN MEDICAL ASSOCIATION	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Willian	ame (Last, First, Middle Initial) n Chas Sternfeld, MD FACS g Address 4235 Secor Rd	State	Zip Code	Date of Receipt M M 2 3 2 0 1 0 Transaction ID: 36391921
	do D number of contributing Il political committee.	ОН	43623-4231	Amount of Each Receipt this Period 83.33
Receip	of Employer DO CLINIC ot For: Primary General Other (specify)	Occupation Physicial Aggregate		
Joseph	ame (Last, First, Middle Initial) n Snyder, MD g Address 8630 Fenton St Ste 60	08		Date of Receipt 0 8 2 3 2 0 1 0
City		State	Zip Code	Transaction ID: 36391922
<u>Silve</u>	r Spring	MD	20910-3830	Amount of Each Receipt this Period
	D number of contributing I political committee.	C		83.33
Name SELF	of Employer -EMPLOYED	Occupatio Physicia		
	ot For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 666.64	
Carl A	ame (Last, First, Middle Initial) lexander Sirio, MD g Address 50 Quail Hill Rd			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		State	Zip Code	Transaction ID: 36391923
	nox D number of contributing I political committee.	C	15238-1834	Amount of Each Receipt this Period 83.33
MEDI	of Employer ERSITY OF PITTSBURGH CAL CTR	Occupatio Physicia	n	
	or For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 666.64	
SUBTO	FAL of Receipts This Page (optional) .	1		249.99

ITEMIZED RECEIPTS Use separate schedule(s) for each category of the Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the or for commercial purposes, other than using the name and address of any political committee to solicit. NAME OF COMMITTEE (In Full) AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE Full Name (Last, First, Middle Initial) Evangelos Megariotis, MD Mailing Address 21 Ravona St City State Zip Code Clifton NJ 07012-1521 FEC ID number of contributing federal political committee. Name of Employer SELF-EMPLOYED Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) William Eric Kobler, MD Mailing Address 6729 Mill Brook Dr	Date of Receipt M M M / D D M 2 3
TEMIZED RECEIPTS for each category of the Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the or for commercial purposes, other than using the name and address of any political committee to solicit. NAME OF COMMITTEE (In Full) AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE Full Name (Last, First, Middle Initial) Evangelos Megariotis, MD Mailing Address 21 Ravona St City State Zip Code Clifton NJ 07012-1521 FEC ID number of contributing federal political committee. Name of Employer SELF-EMPLOYED Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) William Eric Kobler, MD Mailing Address 6729 Mill Brook Dr	Date of Receipt Date of Receipt Amount of Each Receipt this Period Date of Receipt Date of Receipt Date of Receipt Amount of Each Receipt this Period 83.33
Any information copied from such Reports and Statements may not be sold or used by any person for the or for commercial purposes, other than using the name and address of any political committee to solicit. NAME OF COMMITTEE (In Full) AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE Full Name (Last, First, Middle Initial) Evangelos Megariotis, MD Mailing Address 21 Ravona St City State Zip Code Clifton NJ 07012-1521 FEC ID number of contributing federal political committee. Name of Employer SELF-EMPLOYED Primary General Other (specify) Other (specify) William Eric Kobler, MD Mailing Address 6729 Mill Brook Dr	Date of Receipt M M M / D D M 2 3
or for commercial purposes, other than using the name and address of any political committee to solicit. NAME OF COMMITTEE (In Full) AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE Full Name (Last, First, Middle Initial) Evangelos Megariotis, MD Mailing Address 21 Ravona St City State Zip Code Clifton NJ 07012-1521 FEC ID number of contributing federal political committee. Name of Employer SELF-EMPLOYED Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) William Eric Kobler, MD Mailing Address 6729 Mill Brook Dr	Date of Receipt M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
or for commercial purposes, other than using the name and address of any political committee to solicit. NAME OF COMMITTEE (In Full) AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE Full Name (Last, First, Middle Initial) Evangelos Megariotis, MD Mailing Address 21 Ravona St City State Zip Code Clifton NJ 07012-1521 FEC ID number of contributing federal political committee. Name of Employer SELF-EMPLOYED Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) William Eric Kobler, MD Mailing Address 6729 Mill Brook Dr	Date of Receipt Date of Receipt 2 3 2 0 1 0 Cransaction ID: 36391924 Amount of Each Receipt this Period 83.33
AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE Full Name (Last, First, Middle Initial) Evangelos Megariotis, MD Mailing Address 21 Ravona St City State Zip Code Clifton NJ 07012-1521 FEC ID number of contributing federal political committee. Name of Employer SELF-EMPLOYED Receipt For: Primary General Other (specify) General Other (specify) Full Name (Last, First, Middle Initial) William Eric Kobler, MD Mailing Address 6729 Mill Brook Dr	ransaction ID: 36391924 Amount of Each Receipt this Period 83.33 Date of Receipt
A. Full Name (Last, First, Middle Initial) Evangelos Megariotis, MD Mailing Address 21 Ravona St City State Zip Code Clifton NJ 07012-1521 FEC ID number of contributing federal political committee. Name of Employer SELF-EMPLOYED Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) William Eric Kobler, MD Mailing Address 6729 Mill Brook Dr	ransaction ID: 36391924 Amount of Each Receipt this Period 83.33
A. Evangelos Megariotis, MD Mailing Address 21 Ravona St City State Zip Code Clifton NJ 07012-1521 FEC ID number of contributing federal political committee. Name of Employer SELF-EMPLOYED Receipt For: Primary General Other (specify) C Full Name (Last, First, Middle Initial) William Eric Kobler, MD Mailing Address 6729 Mill Brook Dr	ransaction ID: 36391924 Amount of Each Receipt this Period 83.33
City State Zip Code Clifton NJ 07012-1521 FEC ID number of contributing federal political committee. Name of Employer SELF-EMPLOYED Receipt For: Primary General Other (specify) C Aggregate Year-to-Date Full Name (Last, First, Middle Initial) William Eric Kobler, MD Mailing Address 6729 Mill Brook Dr	Transaction ID: 36391924 Amount of Each Receipt this Period 83.33 Date of Receipt
Clifton FEC ID number of contributing federal political committee. Name of Employer SELF-EMPLOYED Receipt For: Primary Other (specify) ▼ Full Name (Last, First, Middle Initial) William Eric Kobler, MD Mailing Address 6729 Mill Brook Dr	Amount of Each Receipt this Period 83.33 Date of Receipt
FEC ID number of contributing federal political committee. Name of Employer SELF-EMPLOYED Receipt For: Primary General Other (specify) General Other (specify) Milliam Eric Kobler, MD Mailing Address 6729 Mill Brook Dr	Date of Receipt
Full Name (Last, First, Middle Initial) William Eric Kobler, MD Maine of Employer SELF-EMPLOYED Occupation Physician Aggregate Year-to-Date ▼ 666.64 Full Name (Last, First, Middle Initial) William Eric Kobler, MD Mailing Address 6729 Mill Brook Dr	Date of Receipt
Receipt For: Primary Other (specify) Full Name (Last, First, Middle Initial) William Eric Kobler, MD Mailing Address 6729 Mill Brook Dr	
Receipt For: Primary Other (specify) ▼ Aggregate Year-to-Date ▼ 666.64 Full Name (Last, First, Middle Initial) William Eric Kobler, MD Mailing Address 6729 Mill Brook Dr	
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) William Eric Kobler, MD Mailing Address 6729 Mill Brook Dr	
Full Name (Last, First, Middle Initial) William Eric Kobler, MD Mailing Address 6729 Mill Brook Dr	
B. William Eric Kobler, MD Mailing Address 6729 Mill Brook Dr	
City State 7in Code	08 23 2010
Tildle Zip Oode	ransaction ID: 36391925
<u>Rockford</u> <u>IL</u> 61108-4310	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	83.33
Name of Employer OSF MEDICAL GROUP Physician	
Receipt For: Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼ 666.64	
Full Name (Last, First, Middle Initial) C. Peter Scott Lund, MD FACS	Date of Receipt
Mailing Address 311 W 24th St	08 23 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	ransaction ID: 36391926
Erie PA 16502-2665	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	83.33
Name of Employer ALLIED UROLOGY ASSOCIATES Physician	
Receipt For: Aggregate Year-to-Date ▼	
Primary General	
Other (specify) ▼	
SUBTOTAL of Receipts This Page (optional)	249.99

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 55 / 89 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN MEDICAL ASSOCIATION	name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Georgia Anne Tuttle, MD Mailing Address 129 Mechanic St The Skin Care Ctr City Lebanon FEC ID number of contributing federal political committee. Name of Employer SELF-EMPLOYED Receipt For: Primary General Other (specify)	State Zip Code NH 03766-1522 C Occupation Physician Aggregate Year-to-Date ▼ 666.68	Date of Receipt M M M / D D / Y Y Y Y Y O 8 2 3 2 0 1 0 Transaction ID: 36391927 Amount of Each Receipt this Period 83.33
Full Name (Last, First, Middle Initial) David John Schifeling, MD Mailing Address 900 W Clairemont Ave City Eau Claire FEC ID number of contributing federal political committee. Name of Employer MARSHFIELD CLINIC Receipt For: Primary General Other (specify)	State Zip Code WI 54701-6122 C Occupation Physician Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Richard Jeffrey Scott, MD Mailing Address 1 Riverview Plz Riverview Med Ctr City Red Bank FEC ID number of contributing federal political committee. Name of Employer MERIDIAN HEALTH Receipt For: Primary General Other (specify)	State Zip Code NJ 07701-1872 C Occupation Physician Aggregate Year-to-Date 666.64	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 36391929 Amount of Each Receipt this Period 83.33
SUBTOTAL of Receipts This Page (optional)		249.99

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 56 / 89 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any perso e name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN MEDICAL ASSOCIATION	N POLITICAL ACTION COMMITTEE	
Full Name (Last, First, Middle Initial) Ruth Jean Schulze, MD		Date of Receipt
Mailing Address 577 Chestnut Ridge F Ste 2		08 23 2010
City Woodcliff Lk	State Zip Code NJ 07677-8400	Transaction ID: 36391930 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer WOMEN'S TOTAL HEALTH OF WOODCLIFF LAKE	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 666.64	
Full Name (Last, First, Middle Initial) John Robt Mc Gill, MD		Date of Receipt
Mailing Address 436A State St		08 23 7 2010
City	State Zip Code	Transaction ID: 36391931
Bangor FEC ID number of contributing federal political committee.	ME 04401-6606	Amount of Each Receipt this Period 83.33
Name of Employer SELF-EMPLOYED	Occupation Physician	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 666.64	
Full Name (Last, First, Middle Initial) Perry Lynn Haney, MD		Date of Receipt
Mailing Address PO Box 6680		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 36391932
Denver FEC ID number of contributing federal political committee.	CO 80206-0680	Amount of Each Receipt this Period 83.33
Name of Employer SPINEONE, INC	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 666.64	
SUBTOTAL of Receipts This Page (optional) .		249.99
SUBTOTAL of Receipts This Page (optional) . TOTAL This Period (last page this line number	·	249.99

Intrinsmation copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions for for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (in Full) AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE Full Name (Last, First, Middle Initial) Suma Aman Thomas, MD Mailing Address 388 Norfolk St #1 City State Zip Code MA 92139-1417 FEC ID number of contributing federal political committee. Cocupation Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Receipt For: Primary General Other (specify) ▼ Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mailing Address 116 Broadway City State Zip Code Norwood NJ 07648-1401 Full Name (Last, First, Middle Initial) Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mailing Address 1000 9th Ave City State Zip Code TX 75104-3906 FEC ID number of contributing federal political committee. C State Zip Code TX 75104-3906 FEC ID number of contributing federal political committee. C State Zip Code TX 75104-3906 FEC ID number of contributing federal political committee. C State Zip Code TX 75104-3906 FEC ID number of contributing federal political committee. C State Zip Code TX 75104-3906 FEC ID number of contributing federal political committee. C State Zip Code TX 75104-3906 FEC ID number of contributing federal political committee. C State Zip Code TX 75104-3906 FEC ID number of contributing federal political committee. C State Zip Code TX 75104-3906 FEC ID number of contributing federal political committee. C State Zip Code TX 75104-3906 FEC ID number of contributing federal political committee. C State Zip Code TX 75104-3906 FEC ID number of contributing federal political committee. C State Zip Code TX 75104-3906 FEC ID	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 57 / 89 (check only one) X 11a 11b 11c 12
AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE Full Name (Last, First, Middle Initial) Suma Arma Thomas, MD Mailing Address 388 Norfolk St #1	or for commercial purposes, other than using the	Statements may e name and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Suma Anna Thomas, MD Mailing Address 388 Norfolk St #1 City State Zip Code MA 02139-1417 FEC ID number of contributing federal political committee. Name of Engloyer LAFIEY CLINIC Receipt For: Pill Name (Last, First, Middle Initial) Roni Ephrat, MD Mailing Address 116 Broadway Full Name (Last, First, Middle Initial) Roni Ephrat, MD Mailing Address 116 Broadway City State Zip Code NJ 07648-1401 FEC ID number of contributing federal political committee. C C State Zip Code NJ 07648-1401 FEC ID number of contributing federal political committee. C C Name of Engloyer Befriden Anles First, Middle Initial) Roni Ephrat, MD Mailing Address 1000 9th Ave City State Zip Code NJ 07648-1401 Fec ID number of contributing federal political committee. C C Physician Receipt For: Pill Name (Last, First, Middle Initial) Read Receipt For Worth TX 76104-3906 FEC ID number of contributing federal political committee. C C State Zip Code NJ 07648-1401 Date of Receipt NJ 07648-1401 Transaction ID: 36391935 Amount of Each Receipt this Period Physician Full Name (Last, First, Middle Initial) Read Receipt For Worth TX 76104-3906 FEC ID number of contributing federal political committee. C C Name of Engloyer Receipt For Worth TX 76104-3906 FEC ID number of contributing federal political committee. C Receipt For Worth TX 76104-3906 FEC ID number of contributing federal political committee. C Receipt For Worth Receipt For W	, ,	N POLITICAL	ACTION COMMITTEE	
City State Zip Code MA 02139-1417 FEC ID number of contributing federal political committee. C	Suma Anna Thomas, MD			Date of Receipt
Cambridge	# 1			08 23 2010
State	•		Zip Code	Transaction ID: 36391933
Receipt For:	<u>Cambridge</u>	MA	02139-1417	Amount of Each Receipt this Period
Receipt For:		C		83.33
Receipt For:	Name of Employer LAHEY CLINIC			
Primary General Other (specify) ▼	Receipt For:	, ' '		
Full Name (Last, First, Middle Initial) Roni Ephrat, MD Mailing Address 116 Broadway City State Zip Code NJ 07648-1401 FEC ID number of contributing federal political committee. Name of Employer BERGEN ANESTHESIA Primary General Other (specify) Fort Worth TX 76104-3906 FEC ID number of contributing federal political committee. C Date of Receipt Transaction ID: 36391934 Amount of Each Receipt this Period Aggregate Year-to-Date Date of Receipt Transaction ID: 36391934 Amount of Each Receipt this Period Date of Receipt Transaction ID: 36391934 Amount of Each Receipt this Period Date of Receipt Transaction ID: 36391934 Amount of Each Receipt this Period Date of Receipt Transaction ID: 36391935 Amount of Each Receipt this Period Date of Receipt Aggregate Year-to-Date Transaction ID: 36391935 Amount of Each Receipt this Period Receipt For: Primary General Other (specify) Aggregate Year-to-Date Aggregate Yea		3994.0		7
Roni Ephrat, MD Mailing Address 116 Broadway City State Zip Code NJ 07648-1401 FEC ID number of contributing federal political committee. Name of Employer BERGEN ANESTHESIA Full Name (Last, First, Middle Initial) Gerald Robert Stephenson, Jr. MD Mailing Address 1000 9th Ave City State Zip Code Physician Fort Worth TX 76104-3906 FEC ID number of contributing federal political committee. C Date of Receipt Transaction ID: 36391934 Amount of Each Receipt this Period Base of Receipt Transaction ID: 36391934 Amount of Each Receipt Tore Primary General Other (specify) ▼	Other (specify) ▼		666.64	
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Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Gerald Robert Stephenson, Jr. MD Mailing Address 1000 9th Ave City State Zip Code Fort Worth TX 76104-3906 FEC ID number of contributing federal political committee. Name of Employer TEXAS HEALTH CARE PLLC Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼				
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Name of Employer TEXAS HEALTH CARE PLLC Receipt For: Primary Other (specify) Aggregate Year-to-Date General Other (specify) General	Fort Worth	TX	76104-3906	
TEXAS HEALTH CARE PLLC Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 666.64		C		83.33
Primary General Other (specify) ▼ 666.64	Name of Employer TEXAS HEALTH CARE PLLC			
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City Providence RI 02905-3248 FEC ID number of contributing federal political committee. Name of Employer UNIVERSITY SURGICAL ASSOC Primary General Other (specify) ▼ City State Zip Code NY 12866-3826 FEC ID number of contributing federal political committee. Name of Employer General Other (specify) ▼ City State Zip Code NY 12866-3826 FEC ID number of contributing federal political committee. Name of Employer NY 12866-3826 FEI IN ame (Last, First, Middle Initial) Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Elizabeth Fay Wu, MD Mailing Address 2504 Samaritan Dr Ste 20 Full Name (Last, First, Middle Initial) Elizabeth Fay Wu, MD Mailing Address 2504 Samaritan Dr Ste 20 City State Zip Code Tate of Receipt Magregate Year-to-Date ▼ Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Elizabeth Fay Wu, MD Mailing Address 2504 Samaritan Dr Ste 20 City State Zip Code CA 95124-4005 FEC ID number of contributing federal political committee. C State Zip Code CA 95124-4005 FEC ID number of contributing federal political committee. C State Zip Code CA 95124-4005 FEC ID number of contributing federal political committee. C State Zip Code CA 95124-4005 Fer City Cate of Receipt Magregate Year-to-Date Fer City Code CA 95124-4005 Fer City Cate of Receipt Magregate Year-to-Date Fer City Cate of Rec	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and S	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 58 / 89 (check only one) X 11a 11b 11c 12 13 14 15 16 10 on for the purpose of soliciting contributions
Siephen Julius Miglion, MD Mailing Address 2 Dudley St Ste 470 City State Zip Code Providence RI 02905-3248 FEC ID number of contributing federal political committee. C Cocupation Physician Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. William R. Abrams Mailing Address 155 Ash St. City Saratoga Springs Ny 12866-3826 FEC ID number of contributing federal political committee. C City Saratoga Springs Ny 12866-3826 FEC ID number of contributing federal political committee. C City Saratoga Springs Ny 12866-3826 FEUI Name (Last, First, Middle Initial) Elizabeth Fay Wu, MD Mailing Address 2504 Samaritan Dr Site 20 City State Zip Code CA 95124-4005 FEC ID number of contributing federal political committee. C City State Zip Code State Zip Code Transaction ID: 36391937 Amount of Each Receipt this Period Date of Receipt Date of Receipt Transaction ID: 36391937 Amount of Each Receipt this Period Date of Receipt Date of Receipt Transaction ID: 36391938 Amount of Each Receipt this Period Date of Receipt Transaction ID: 36391938 Amount of Each Receipt this Period Date of Receipt Date of Receipt Security Director Aggregate Year-to-Date ▼ Date of Receipt San Jose C City State Zip Code San Jose CA 95124-4005 FEC ID number of contributing federal political committee. C City San Jose CA 95124-4005 FEC ID number of contributing federal political committee. C City San Jose Amount of Each Receipt this Period Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and address of any political committee to	os solicit contributions from such committee.
Ste 470 City State Zip Code Providence RI 02905-3248 FEC ID number of contributing federal political committee. C	Stephen Julius Migliori, MD		
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FEC ID number of contributing federal political committee. Name of Employer SELF-EMPLOYED Name of Employer SELF-EMPLOYED Name of Employer SELF-EMPLOYED Name of Employer Seneral Other (specify) ▼ Occupation Physician Aggregate Year-to-Date ▼ Date of Receipt Transaction ID: 36391937 Amount of Each Receipt this Period Date of Receipt Transaction ID: 36391937 Amount of Each Receipt this Period Date of Receipt Transaction ID: 36391937 Amount of Each Receipt this Period Date of Receipt Transaction ID: 36391937 Amount of Each Receipt this Period Date of Receipt Transaction ID: 36391937 Amount of Each Receipt this Period Date of Receipt Transaction ID: 36391938 Amount of Each Receipt Transact		'	
Receipt For:		RI 02905-3248	Amount of Each Receipt this Period
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Primary General Other (specify) ▼ 666.64 Full Name (Last, First, Middle Initial) Mr. William R. Abrams Mailing Address 155 Ash St. City State Zip Code NY 12866-3826 FEC ID number of contributing federal political committee. Name of Employer MEDICAL SOCIETY OF THE ST-ATE OF NY Receipt For: Primary General Other (specify) ▼ 800.00 Full Name (Last, First, Middle Initial) Elizabeth Fay Wu, MD Mailing Address 2504 Samaritan Dr Ste 20 City State Zip Code CA 95124-4005 Full Name of Employer State Sign Code State Sign Code State Sign Code CA 95124-4005 FEC ID number of contributing federal political committee. Primary General Other (specify) ▼ 666.64	Name of Employer UNIVERSITY SURGICAL ASSOC		
Full Name (Last, First, Middle Initial) Mr. William R. Abrams Mailing Address 155 Ash St. City Saratoga Springs FEC ID number of contributing federal political committee. Name of Employer MEDICAL SOCIETY OF THE ST- ATE OF NY Receipt For: Primary General Other (specify) ▼ State Zip Code NY 12866-3826 Transaction ID: 36391937 Amount of Each Receipt this Period Transaction ID: 36391937 Amount of Each Receipt this Period Transaction ID: 36391937 Amount of Each Receipt this Period Transaction ID: 36391937 Amount of Each Receipt this Period Date of Receipt Transaction ID: 36391937 Amount of Each Receipt this Period Date of Receipt Transaction ID: 36391937 Amount of Each Receipt this Period Date of Receipt Transaction ID: 36391938 Date of Receipt Date of Receipt M M M / D D D / 2 D			
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Name of Employer MEDICAL SOCIETY OF THE ST- ATE OF NY Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Elizabeth Fay Wu, MD Mailing Address 2504 Samaritan Dr Ste 20 City State Zip Code FEC ID number of contributing federal political committee. Name of Employer SELF-EMPLOYED Name of Employer SELF-EMPLOYED Receipt For: Primary General Occupation Physician Aggregate Year-to-Date ▼ Date of Receipt M M D D D D D D D D D D D D D D D D D	Saratoga Springs	NY 12866-3826	Amount of Each Receipt this Period
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Other (specify) ▼ Substituting State S	Receipt For:	, l	
Elizabeth Fay Wu, MD Mailing Address 2504 Samaritan Dr Ste 20 City State Zip Code San Jose CA 95124-4005 FEC ID number of contributing federal political committee. Name of Employer SELF-EMPLOYED Receipt For: Primary General Other (specify) ▼ Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	_ · · ·	800.00	
Mailing Address 2504 Samaritan Dr Ste 20 City State Zip Code San Jose CA 95124-4005 FEC ID number of contributing federal political committee. Name of Employer SELF-EMPLOYED Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ M M			Date of Receipt
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Receipt For: Primary Other (specify) ▼ Aggregate Year-to-Date General General General General General General General	San Jose	CA 95124-4005	Amount of Each Receipt this Period
Receipt For: Primary Other (specify) ▼ Aggregate Year-to-Date 666.64		C	83.33
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 666.64	Name of Employer SELF-EMPLOYED		
Other (specify) ▼ 666.64		+ 1 · · ·	
SUBTOTAL of Receipts This Page (optional)			266.66

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 59 / 89 (check only one)
Any information copied from such Reports and or for commercial purposes, other than using t	Statements may	y not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN MEDICAL ASSOCIATION		•	
Full Name (Last, First, Middle Initial) Janne Lynch			Date of Receipt
Mailing Address 24184 N 74th St.			08 23 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Scottsdale	State AZ	Zip Code 85255-3488	Transaction ID: 36391940 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	03233 0400	83.33
Name of Employer N/A	Occupatio Physicia	n n Spouse	
Receipt For: Primary General Other (specify) ▼	- ' '	Year-to-Date ▼ 666.64	
Full Name (Last, First, Middle Initial) Michael Allan Sandler, MD			Date of Receipt
Mailing Address 4270 Barcroft Way			0 8 2 3 2 0 1 0
City	State	Zip Code	Transaction ID: 36391941
Orchard Lake FEC ID number of contributing federal political committee.	C	48323-1804	Amount of Each Receipt this Period 83.33
Name of Employer HENRY FORD MEDICAL CENTER	Occupatio Physicia		
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 666.64	
Full Name (Last, First, Middle Initial) Robert Puchalski, MD			Date of Receipt
Mailing Address 1165 Highway 1 S Sutie 300			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Lugoff	State SC	Zip Code 29078-8966	Transaction ID: 36391942 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25070-0500	83.33
Name of Employer SOUTH CAROLINA ENT	Occupatio Physicia		
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 666.64	
	1		249.99

	OULE A (FEC Form 3X) ED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 60 / 89 (check only one) X 11a
or for comm	ation copied from such Reports and St nercial purposes, other than using the OF COMMITTEE (In Full) ICAN MEDICAL ASSOCIATION	name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
A. Rebecca Mailing City Rivers FEC ID federal position of the position of th	number of contributing political committee. f Employer LINDA UNIVERSITY	State CA C Occupation Physician Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y O 8 / 23 / 2010 Transaction ID: 36391943 Amount of Each Receipt this Period 83.33
Seth Yam Mailing City Silver FEC ID federal p Name o US NAN Receipt	number of contributing political committee. If Employer	State MD C Occupation Physician Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
C. David An Mailing City Jamain FEC ID federal points Name of MGH Receipt Pt	me (Last, First, Middle Initial) ndrew Rosman, MD Address 39A Danforth St ca Plain number of contributing political committee. f Employer For: rimary General ther (specify) The state of the state	State MA C Occupation Resident Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y O 8 23 2010 Transaction ID: 36391945 Amount of Each Receipt this Period 41.66
SUBTOTA	AL of Receipts This Page (optional))	166.65

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 61 / 89 (check only one) X 11a
NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any personant the name and address of any political committee to ON POLITICAL ACTION COMMITTEE	
Full Name (Last, First, Middle Initial) Samantha Leona Rosman, MD Mailing Address 39A Danforth St City Jamaica Plain FEC ID number of contributing federal political committee. Name of Employer BOSTON MEDICAL CENTER Receipt For: Primary General Other (specify)	State Zip Code MA 02130-1847 C Occupation Physician Aggregate Year-to-Date 333.28	Date of Receipt M M / D D / Y Y Y Y Y O 8 23 2010 Transaction ID: 36391946 Amount of Each Receipt this Period 41.66
Full Name (Last, First, Middle Initial) Betty Shuwein Chu, MD Mailing Address 233 Warrington Rd City Bloomfield FEC ID number of contributing federal political committee. Name of Employer SELF-EMPLOYED Receipt For: Primary General Other (specify)	State Zip Code MI 48304-2952 C Occupation Physician Aggregate Year-to-Date 666.64	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 36391947 Amount of Each Receipt this Period 83.33
Full Name (Last, First, Middle Initial) Dale Clifford Moquist, MD Mailing Address 14023 Southwest Fv Phylicians at Sugarc City Sugar Land FEC ID number of contributing federal political committee. Name of Employer MEMORIAL HERMANN Receipt For: Primary General Other (specify)		Date of Receipt M M M / D D / Y Y Y Y Y O 8 2 3 2 0 1 0 Transaction ID: 36391948 Amount of Each Receipt this Period 83.33
SUBTOTAL of Receipts This Page (optional)	208.32

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 62 / 89 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full) AMERICAN MEDICAL ASSOCIATION	the name and addr	ress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Thomas P. Healy, Jr. Mailing Address 547 S Clark St Apt 1	1401		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Chicago FEC ID number of contributing	State IL	Zip Code 60605-1548	Transaction ID: 36391949 Amount of Each Receipt this Period 83.33
Name of Employer AMERICAN MEDICAL ASSOCIAT- ION Receipt For: ☐ Primary ☐ General Other (specify) ▼	Occupation AMA Exec]
Full Name (Last, First, Middle Initial) Mokarram Husain Jafri, Jr. MD Mailing Address 6 Oakhurst Ct			Date of Receipt M M D D Y Y Y Y Y Y Y Y
City Clifton Park FEC ID number of contributing	State NY	Zip Code 12065-8719	Transaction ID: 36391950 Amount of Each Receipt this Period
federal political committee. Name of Employer ANESTHESIA GROUP OF ALBANY Receipt For: Primary General Other (specify)	Occupation Anesthesi Aggregate		83.33
Full Name (Last, First, Middle Initial) Gerald Edward Harmon, MD Mailing Address 9699 Ocean Hwy			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
PO Box 289 City Pawleys Isl FEC ID number of contributing	State SC	Zip Code 29585-7425	Transaction ID: 36391951 Amount of Each Receipt this Period 83.33
federal political committee. Name of Employer SELF-EMPLOYED	Occupation Physician		
Receipt For: Primary General Other (specify) ▼	Aggregate '	Year-to-Date ▼ 666.68	
SUBTOTAL of Receipts This Page (optional)		249.99

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 63 / 89 (check only one) X 11a
Any information copied from such Reports and Si or for commercial purposes, other than using the	tatements may	not be sold or used by any persolress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN MEDICAL ASSOCIATION	POLITICAL	ACTION COMMITTEE	
Full Name (Last, First, Middle Initial) Mr. William Butler			Date of Receipt
Mailing Address 5206 Bayshore Blvd.			0 8 2 3 2 0 1 0
City	State	Zip Code	Transaction ID: 36391952
<u>Tampa</u>	FL	33611-4110	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		83.33
Name of Employer SELF-EMPLOYED	Occupation Physician		
Receipt For:	 	Year-to-Date ▼	
Primary General Other (specify)		666.68	
Full Name (Last, First, Middle Initial) Louis James Kraus, MD			Date of Receipt
Mailing Address 456 Woodland Rd			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 36391953
Highland Park	IL	60035-5057	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		83.33
Name of Employer SELF-EMPLOYED	Occupation Physician		
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 666.68	
Full Name (Last, First, Middle Initial) Michael Jos Sexton, MD			Date of Receipt
Mailing Address 12 Erica Ct			0 8 2 3 2 0 1 0
City	State	Zip Code	Transaction ID: 36391954
Novato	CA	94947-1900	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		83.33
Name of Employer SELF-EMPLOYED	Occupation Physician		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 666.68	
SUBTOTAL of Receipts This Page (optional)			249.99

I	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and S	itatements ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 64 / 89 (check only one) X
\ 2	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN MEDICAL ASSOCIATION Full Name (Last, First, Middle Initial)			solicit contributions from such committee.
A.	Mutaz Billah Habal, MD FRCSC Mailing Address 205 W Martin Luther K	ling Blvd		Date of Receipt M
	City	State	Zip Code	Transaction ID: 36391955
	Tampa FEC ID number of contributing federal political committee.	C	33603-3600	Amount of Each Receipt this Period 83.33
	Name of Employer SELF-EMPLOYED Receipt For: Primary General Other (specify) ▼	Occupation Physicial Aggregate		
- В.	Full Name (Last, First, Middle Initial) Susan Rudd Bailey, MD Mailing Address 5929 Lovell Ave Fwaa			Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Fort Worth	State	Zip Code	Transaction ID: 36391956
	FEC ID number of contributing federal political committee.	C	76107-5029	Amount of Each Receipt this Period 83.33
	Name of Employer FORT WORTH ALLERGY ASTHMA ASSOCIATES Receipt For: Primary General Other (specify) ▼	Occupation Physicia Aggregate		
C.	Full Name (Last, First, Middle Initial) Maureen Rose Lannan, MD Mailing Address 622 Cypress St			Date of Receipt
	City Sulphur	State LA	Zip Code 70663-5052	Transaction ID: 36391957 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		83.33
	Name of Employer SELF-EMPLOYED	Occupation Physicia		
	Receipt For: Primary General Other (specify) ▼	,	e Year-to-Date ▼ 666.68	
	SUBTOTAL of Receipts This Page (optional)			249.99

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 65 / 89 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN MEDICAL ASSOCIATION	name and add	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) Corliss Adam Varnum, MD Mailing Address 79 Regan Dr			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 36391959
	Oswego FEC ID number of contributing federal political committee.	C	13126-5602	Amount of Each Receipt this Period 83.33
	Name of Employer SELF-EMPLOYED Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate		
В.	Full Name (Last, First, Middle Initial) Patrick Danl Aiello, MD Mailing Address 275 E 28th St			Date of Receipt
	City Yuma FEC ID number of contributing federal political committee.	State AZ	Zip Code 85364-8206	Transaction ID: 36391960 Amount of Each Receipt this Period 83.33
	Name of Employer AIELLO EYE INSTITUTE Receipt For: Primary General	Occupation Physician Aggregate	n e Year-to-Date ▼	
- C.	Other (specify) ▼ Full Name (Last, First, Middle Initial) Christopher Eric Bucciarelli	0 0	666.68	Date of Receipt
C.	Mailing Address 2360 SW Archer Rd Apt 311			M M / D D / Y Y Y Y Y O D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City <u>Gainesville</u>	State FL	Zip Code 32608-1010	Transaction ID: 36391961 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		41.66
	Name of Employer N/A	Occupation Medical S		
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 333.28	
	SUBTOTAL of Receipts This Page (optional)			208.32

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 66 / 89 (check only one) X 11a 11b 11c 12 13 14 15 16 17
7	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN MEDICAL ASSOCIATION	name and ad	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
∠ A.	Full Name (Last, First, Middle Initial) Valerie Pronio-Stelluto, MD Mailing Address 330 Mt Auburn St Mount Auburn Hosp	Chata	7in Oada	Date of Receipt 0 8 2 3 2 0 1 0
	Combridge	State	Zip Code	Transaction ID: 36391962
	Cambridge FEC ID number of contributing federal political committee.	C	02138-5597	Amount of Each Receipt this Period 83.33
	Name of Employer MOUNT AUBURN HOSPITAL Receipt For: Primary General Other (specify) ▼		n - Director, Med. Student Ede Year-to-Date ▼ 583.35	du
- В.	Full Name (Last, First, Middle Initial) Henry Donn Venable, MD Mailing Address 10410 Cliffwood Dr			Date of Receipt 0 8 2 3 2 0 1 0
	City	State	Zip Code	Transaction ID: 36391963
	<u>Houston</u>	TX	77035-3702	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		83.33
	Name of Employer PRK PLZA ANESTHESIOLOGY	Occupation Physicia		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 666.68	
- C.	Full Name (Last, First, Middle Initial) David Vincent Hamilton, MD			Date of Receipt
	Mailing Address 2028 N Honore St			0 8 1 9 2 0 1 0
	City	State	Zip Code	Transaction ID: 36393593
	Chicago FEC ID number of contributing	IL '	60614-3911	Amount of Each Receipt this Period
	federal political committee.	C		250.00
	Name of Employer N/A	Occupation Resident	n : Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional)			416.66
	TOTAL This Period (last page this line number		·	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Benorts and	Use separate schedule(s) for each category of the Detailed Summary Page Statements may not be sold or used by any persor	FOR LINE NUMBER: PAGE 67 / 89 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN MEDICAL ASSOCIATION	e name and address of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Fernando Castro, MD Mailing Address 8214 SW 52nd Ln		Date of Receipt M M
City	State Zip Code	Transaction ID: 36393599
Gainesville FEC ID number of contributing federal political committee.	FL 32608-7433	Amount of Each Receipt this Period 250.00
Name of Employer MERIDIAN BEHAVIORAL HEALT- HCARE, INC Receipt For: Primary General Other (specify) ▼	Occupation Psychiatrist Aggregate Year-to-Date 250.00	
Full Name (Last, First, Middle Initial) Malcolm B Louden, MD Mailing Address PO Box 4179		Date of Receipt
City Parkersburg FEC ID number of contributing federal political committee.	State Zip Code WV 26104-4179 C	0 8 1 9 2 0 1 0 Transaction ID: 36395467 Amount of Each Receipt this Period 500.00
Name of Employer PARKERSBURG NEUROLOGICAL ASSOCIATES Receipt For: Primary General Other (specify)	Occupation Physician Aggregate Year-to-Date ▼ 500.00	_
Full Name (Last, First, Middle Initial) Steven Anthony Severyn, MD Mailing Address 1231 Granville Rd		Date of Receipt 0 8 1 9 2 0 1 0
City Newark	State Zip Code OH 43055-2148	Transaction ID: 36395479 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	333.36
Name of Employer OHIO STATE SPINE CENTER	Occupation Physician	1
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 333.36	
SUBTOTAL of Receipts This Page (optional) .	····	1083.36

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 68 / 89 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any person the name and address of any political committee to sold on POLITICAL ACTION COMMITTEE	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mark Mandabach, MD		Date of Receipt
Mailing Address 619 19th St S UAB Dept of Anesth	nesiology	0 8 2 4 2 0 1 0
City	State Zip Code	Transaction ID: 36397033
Birmingham	AL 35249-1900	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.66
Name of Employer UAHSF PSYCHIATRY	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 333.28	
Full Name (Last, First, Middle Initial) Paul Erik Houmann, MD		Date of Receipt
Mailing Address 1809 Cleveland Stre	eet Ext	0 8 2 4 2 0 1 0
City	State Zip Code	Transaction ID: 36397034
Greenville	SC 29607-3029	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.66
Name of Employer SELF-EMPLOYED	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 333.28	
Full Name (Last, First, Middle Initial) Jose F Arrascue, MD		Date of Receipt
Mailing Address 5503 S Congress A Ste 103	ve	08 / 24 / 2010
City <u>Atlantis</u>	State Zip Code FL 33462-6614	Transaction ID: 36397035 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.66
Name of Employer SOUTH PALM BEACH NEPHROLO- GY PA	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 333.36	
SUBTOTAL of Receipts This Page (optional	l) >	124.98

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	·)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 69 / 89 (check only one) X 11a
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may the name and add	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN MEDICAL ASSOCIATION	ON POLITICAL	ACTION COMMITTEE	
Full Name (Last, First, Middle Initial) Roy Gilbert Soto, MD			Date of Receipt
Mailing Address 355 Sycamore Ct			08 24 2010
City	State	Zip Code	Transaction ID: 36397036
Bloomfield FEC ID number of contributing federal political committee.	C	48302-1173	Amount of Each Receipt this Period 41.66
Name of Employer SOUTH OAKLAND ANESTHESIA ASSOCIATES PC	Occupation Physician		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 541.63	
Full Name (Last, First, Middle Initial) Domenic Russel Federico, MD			Date of Receipt
Mailing Address 3800 Lake Michigan	n Dr NW		0 8 2 4 2 0 1 0
City	State	Zip Code	Transaction ID: 36397066
Grand Rapids FEC ID number of contributing federal political committee.	C	49534-4583	Amount of Each Receipt this Period 83.33
Name of Employer MICHIGAN MEDICAL PC ADMIN- ISTRATION	Occupation Physician		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 666.64	
Full Name (Last, First, Middle Initial) Stuart Gitlow, MD			Date of Receipt
Mailing Address 153 Gaskill St			0 8 2 4 2 0 1 0
City	State	Zip Code	Transaction ID: 36397067
Woonsocket	RI	02895-1011	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		83.33
Name of Employer SELF-EMPLOYED	Occupation Physician		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 666.64	
)		208.32

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 70 / 89 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN MEDICAL ASSOCIATION			
Full Name (Last, First, Middle Initial)	- OLITIOAL	AOTION OOMINITTEE	Date of Descript
Marietta Nelson, MD Mailing Address 2800 N Tenaya Way Ste 102			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 36516356
Las Vegas	NV	89128-1100	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer SELF-EMPLOYED	Occupation Physician		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 700.00	
Full Name (Last, First, Middle Initial) Charles Joseph Nivens, MD			Date of Receipt
Mailing Address 19 Rosehill Dr			0 8 2 5 2 0 1 0
City	State	Zip Code	Transaction ID: 36516359
Bluffton	SC	29910-4720	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer TENET EAST COOPER SPINE	Occupation Physician		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 433.28	
Full Name (Last, First, Middle Initial) Julie Madejski Donohue, MD			Date of Receipt
Mailing Address 7340 Salt Rd			0 8 2 5 2 0 1 0
City	State	Zip Code	Transaction ID: 36516383
Clarence Ctr	NY	14032-9609	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer SELF-EMPLOYED	Occupation Physician		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (optional)			300.00

A.

В.

SCHEDULE A (FEC Form 3X)

PAGE 71/89 FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 13 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE Full Name (Last, First, Middle Initial) Date of Receipt Louis Seymour Zeiger, MD Mailing Address 452 Windrow Clusters Dr 0 8 25 2010 City State Zip Code Transaction ID: 36516394 Moorestown NJ 08057-4306 Amount of Each Receipt this Period FEC ID number of contributing 500.00 C federal political committee. Name of Employer COOPER UNIVERSITY HOSPITAL Occupation Physician Receipt For: Aggregate Year-to-Date Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) Elleda C Ziemer, DO Date of Receipt Mailing Address 1707 E Clear Lake Dr 8 0 25 2010 City State Zip Code Transaction ID: 36516397 Salisbury MD 21804-1973 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Name of Employer SELF-EMPLOYED Occupation Physician Receipt For: Aggregate Year-to-Date

500.00

	1000.00
<u> </u>	18199.22
	<u>}</u>

Primary

Other (specify)

General

	IEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 72 / 89 (check only one) 11a 11b 11c 12 13 14 15 16 17
				n for the purpose of soliciting contributions solicit contributions from such committee.
1	ME OF COMMITTEE (In Full) MERICAN MEDICAL ASSOCIATIO	N POLITICAL	ACTION COMMITTEE	
PN	Il Name (Last, First, Middle Initial) IC ADVISORS illing Address PO BOX 96211			Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Cit	•	State	Zip Code	Transaction ID: 36556091
W	ashington	DC	20090	Amount of Each Receipt this Period
	C ID number of contributing leral political committee.	C		0.06
Na	me of Employer	Occupation	n	
Re	ceipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 33.90	INTEREST

SUBTOTAL of Receipts This Page (optional)	>	0.06
TOTAL This Period (last page this line number only)	•	0.06

C.

SCHEDULE B (FEC Form 3X)	Use sepa	arate schedule(s)			FOR LIN		-	R:			PA	GE	73 /	89	
ITEMIZED DISBURSEMENTS	for each	category of the Summary Page		Г	(check or 21b	nly c	ne) 22	Х	23		4	П	25		1 26
	Detailed	Summary Fage		t	27	П	28a	Ĥ	28b	$oldsymbol{\sqcup}$	8c	Н	29	\vdash	30b
Any Information copied from such Reports and Stater or for commercial purposes, other than using the nam														s	
NAME OF COMMITTEE (In Full)	and address	oo or arry pointour			milioo io c		11 001111	ibuti	10110 111	JIII 50	011 0	011111	inttoo		
AMERICAN MEDICAL ASSOCIATION PO	LITICAL A	CTION COM	ΛΙΤΤ	ΓΕ	E										
Full Name (Last, First, Middle Initial)							Trans	acti	on ID:	360)72	882			
Tim Bishop For Congress								of Di м	isburse		- 1/		· V	ν.	
Mailing Address PO Box 437							8 ^M 0	IVI	′	6	Ľ	2	0 1 (נ' כ	
City Farmingville	State NY	Zip Code 11738					Amou	nt o	f Each	Disbu	ırse	men	t this	Perio	od
Purpose of Disbursement 2010 PRIMARY			Г	-)11		L.					20	00.00)	
Candidate Name Rep. Timothy Bishop			Ca	at	egory/ ype										
	ement For: Primary Other (spe	2010 General ecify) ▼			<u> </u>		2010	PRI	IMAR	Y					
Full Name (Last, First, Middle Initial)							Trans	anti	on ID:	261	172	001			
Rob Woodall For Congress									isburs		,,,	001			
Mailing Address Post Office Box 1871							0 ^M 8	М	[/] 0	6 ^D	Y	ž	0 1 () Y	
City Lawrenceville	State GA	Zip Code 30046					Amou	nt o	f Each	Disbu	ırse	men	t this	Perio	od
Purpose of Disbursement 2010 PRIMARY RUNOFF				C)11		<u></u>					50	00.00)	
Candidate Name Mr. Rob Woodall					egory/ ype										
Senate	ement For: Primary Other (spe	2010 General					2010	PRI	IMAR	Y RU	NO	FF			
Full Name (Last, First, Middle Initial)	2010														
Friends Of John McCain Inc							Trans Date of		isburse	ement)/3				
Mailing Address PO Box 16664							8 ^M 0	M	[′]	6	Y	ž	0 Ĭ () ^Y	
City Arlington	State VA	Zip Code 22215					Amou	nt o	f Each	Disbu	ırse	men	t this	Perio	od
Purpose of Disbursement 2010 PRIMARY			Г	C)11		L.	_	_			20	00.00)	
Candidate Name Sen. John McCain			Ca	at	egory/ ype										
- -	ement For: Primary Other (spe	2010 General					2010	PRI	IMAR	Y					
State: AZ District:		<i>▼/</i> ▼													
SUBTOTAL of Disbursements This Page (optional)					▶							900	00.00)	

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) TEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the	(check or	
	Detailed Summary Page	21b 27	22 X 23 24 25 26 28a 28b 28c 29 3
ny Information copied from such Reports and Star for commercial purposes, other than using the n			
NAME OF COMMITTEE (In Full) AMERICAN MEDICAL ASSOCIATION F	POLITICAL ACTION COM	MITTEE	
Full Name (Last, First, Middle Initial) Waring 2010			Transaction ID: 36073031 Date of Disbursement
Mailing Address 4715 North 32nd Stree	et Suite 107		08 / 06 / Y Y Y Y Y
City Phoenix	State Zip Code AZ 85018		Amount of Each Disbursement this Period
Purpose of Disbursement 2010 PRIMARY		011	2500.00
Candidate Name Mr. James Waring		Category/ Type	
Office Sought: X House Senate President State: AZ District: 03	rsement For: 2010 X Primary General Other (specify)		2010 PRIMARY
Full Name (Last, First, Middle Initial) David Scott For Congress			Transaction ID: 36073032 Date of Disbursement
Mailing Address P.O. Box 960821			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
City Riverdale	State Zip Code GA 30296		Amount of Each Disbursement this Period
Purpose of Disbursement 2010 GENERAL		011	2000.00
Candidate Name Rep. David Albert Scott		Category/ Type	
Office Sought: X House Senate President State: GA District: 13	rsement For: 2010 Primary X General Other (specify)		2010 GENERAL
Full Name (Last, First, Middle Initial) Ike Skelton For Congress Committee			Transaction ID: 36073033 Date of Disbursement
Mailing Address P.O. Box A			0 8 / D 0 6 / Y 2 0 1 0 Y
City Harrisonville	State Zip Code MO 64701		Amount of Each Disbursement this Period
Purpose of Disbursement 2010 GENERAL		011	1000.00
Candidate Name Rep. Ike Skelton		Category/ Type	
Office Sought: X House Senate President State: MO District: 04	rsement For: 2010 Primary X General Other (specify)		2010 GENERAL
SUBTOTAL of Disbursements This Page (option	al)	>	5500.00
TOTAL This Period (last page this line number or			

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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOF	R LINE N	NUMBE	R:			PA	GE	75 /	89
ITEMIZED DISBURSEMENTS	for each category of the	(CITE	eck only	¬ ′			_	 م		امد	
	Detailed Summary Page		21b 27	22 28a	H	23 28b	-	24 28c	Н	25 29	26 30b
Any Information copied from such Reports and Stater	nents may not be sold or used				ırpos		olic		ontrik		
or for commercial purposes, other than using the nam	e and address of any political	committe	e to soli	cit contr	ributi	ons fr	om	such c	omr	nittee	
NAME OF COMMITTEE (In Full)											
AMERICAN MEDICAL ASSOCIATION PC	LITICAL ACTION COM	ЛІТТЕЕ									
Full Name (Last, First, Middle Initial)				Trans	acti	on ID	. ,	36073	035	<u> </u>	
Jeff Fortenberry For United States Congre	ss					sburs			000	•	
Mailing Address 1610 N Street				$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 8 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & O & D \\ O & G \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \end{smallmatrix} \end{bmatrix}$							
City Lincoln	State Zip Code NE 68508			Amou	ınt o	f Each	ı Di	sburse	men	t this I	Period
Purpose of Disbursement 2010 GENERAL		011							10	00.00)
Candidate Name Rep. Jeff Fortenberry		Catego Type	-								
Senate President	ement For: 2010 Primary X General Other (specify)			2010	GE	NERA	ΑL				
State: NE District: 01											
Full Name (Last, First, Middle Initial) Courtney For Congress						on ID sburs	-	36316 ent	589)	
Mailing Address 38 Risley Road				0 ^M 8	М	[/] 1	1 2	/ Y	ž	0 1 () Y
City Vernon	State Zip Code CT 06066			Amou	int o	f Each	ı Di:	sburse	men	t this	Period
Purpose of Disbursement 2010 GENERAL		011	\neg						40	00.00)
Candidate Name Rep. Joseph D. Courtney		Catego Type	,								
Office Sought: X House Disburs Senate President State: CT District: 02	ement For: 2010 Primary X General Other (specify)			2010	GE	NERA	ΑL				
Full Name (Last, First, Middle Initial) Committee To Elect Chris Murphy						on ID		36316	590)	
Mailing Address P.O. Box 127					M .		1 2		ž	0 1 () Y
City	State Zip Code			Amou	ınt o	f Each	ı Di	sburse	men	t this l	Period
Cheshire Purpose of Disbursement	CT 06410		\neg						50	00.00)
2010 GENERAL Candidate Name Rep. Christopher Scott Murphy		011 Catego Type									
	ement For: 2010 Primary X General Other (specify)	Туре		2010	GE	NERA	ΑL				
SUBTOTAL of Disbursements This Page (optional)						•	-	1	000	00.00)
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TOTAL This Period (last page this line number only			•								

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CHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE	NUMBER:	PAGE 76 / 89
EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 28a 28b	24 25 26 28c 29 30k
y Information copied from such Reports and State for commercial purposes, other than using the na				
NAME OF COMMITTEE (In Full)	The and address of any political	Committee to so	ilicit contributions from s	such committee
AMERICAN MEDICAL ASSOCIATION PO	OLITICAL ACTION COMM	IITTEE		
Full Name (Last, First, Middle Initial) Bob Filner For Congress			Transaction ID: 3	
Mailing Address PO Box 121480			08 / 17	Y 2010 Y
City Chula Vista	State Zip Code CA 91912		Amount of Each Dis	bursement this Period
Purpose of Disbursement	OA 91912			1000.00
2010 GENERAL		011		
Candidate Name Rep. Bob Filner		Category/ Type		
Office Sought: Senate President State: CA District: 51	sement For: 2010 Primary X General Other (specify) ▼		2010 GENERAL	
Full Name (Last, First, Middle Initial) Jeff Miller For Congress			Transaction ID: 3	
Mailing Address P. O. Box 126			08 / 17	Y 2010 Y
City	State Zip Code		Amount of Each Dis	bursement this Period
Pensacola	FL 32591			2000.00
Purpose of Disbursement 2010 PRIMARY Candidate Name		011		2000.00
Rep. Jeff B. Miller		Category/ Type		
Senate President	sement For: 2010 X Primary General Other (specify)		2010 PRIMARY	
State: FL District: 01				
Full Name (Last, First, Middle Initial) Mike Crapo For US Senate			Transaction ID: 3 Date of Disbursement	nt
Mailing Address P.O. Box 1948			08 / 17	Y ŽOŽOŠ
City Boise	State Zip Code ID 83701		Amount of Each Dis	bursement this Period
Purpose of Disbursement 2010 GENERAL	33.01	011		2000.00
Candidate Name Sen. Michael Crapo		Category/ Type		
Office Sought: House Disbure	sement For: 2010 Primary X General Other (specify)		2010 GENERAL	
JBTOTAL of Disbursements This Page (optional)	>		5000.00
OTAL This Period (last page this line number onl				
AN026	<u>·</u>		FEC Schedule B	(Form 3X) (Revised 02

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Minnick For Congress Dat	purpose of soliciting contributions ntributions from such committee
or for commercial purposes, other than using the name and address of any political committee to solicit committee to solicit committee to solicit committee to solicit committee (In Full) AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE Full Name (Last, First, Middle Initial) Minnick For Congress Tra	ntributions from such committee nsaction ID: 36344676
NAME OF COMMITTEE (In Full) AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE Full Name (Last, First, Middle Initial) Minnick For Congress Tra	nsaction ID: 36344676
Minnick For Congress Dat	
Mailing Address 8150 West Emerald, Ste. 170	te of Disbursement
City State Zip Code Am Boise ID 83704	ount of Each Disbursement this Period
Purpose of Disbursement 2010 GENERAL Candidate Name Category/	2000.00
Office Sought: V. House Dishursement For: 2010	0 GENERAL
City State Zip Code Am Blackfoot ID 83221	ount of Each Disbursement this Period
Purpose of Disbursement 2010 GENERAL Candidate Name Rep. Michael K. Simpson O11 Category/ Type	1000.00
Office Sought:	0 GENERAL
Hansen Clarke For Congress Dat	nsaction ID: 36344904 te of Disbursement
Mailing Address 1448 Woodward Avenue #305	8 M / 25 / Y 2010 Y
Detroit MI 48226	ount of Each Disbursement this Period 5000.00
Purpose of Disbursement 2010 General Candidate Name O11 Category/	
Hansen Clarke Type Office Sought: V House Disbursement For: 2010	0 General
SUBTOTAL of Disbursements This Page (optional)	8000.00

TOTAL This Period (last page this line number only)

	CHEDULE B (FEC FOIII 3X)	Use separate schedule(s)	(check onl	NUMBER: PAGE 78 / 89
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 28a 28b 28c 29
	y Information copied from such Reports and St for commercial purposes, other than using the			
\rangle	NAME OF COMMITTEE (In Full) AMERICAN MEDICAL ASSOCIATION	·		
<u>/</u>	Full Name (Last, First, Middle Initial) Boren For Congress			Transaction ID: 36344994 Date of Disbursement
	Mailing Address PO Box 1924			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 8 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 1 & 7 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \end{smallmatrix} \end{bmatrix}$
	City Muskogee	State Zip Code OK 74402		Amount of Each Disbursement this Period
	Purpose of Disbursement 2010 GENERAL		011	1000.00
	Candidate Name Rep. Daniel Boren		Category/ Type	
	Senate President	ursement For: 2010 Primary X General Other (specify) ▼		2010 GENERAL
	State: OK District: 02 Full Name (Last, First, Middle Initial) Lucas For Congress			Transaction ID: 36345084 Date of Disbursement
	Mailing Address Post Office Box 1726			0 8 M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Oklahoma City	State Zip Code OK 73101		Amount of Each Disbursement this Perio
	Purpose of Disbursement 2010 GENERAL		011	1000.00
	Candidate Name Rep. Frank D. Lucas		Category/ Type	
	Office Sought: X House Senate President State: OK District: 03	ursement For: 2010 Primary X General Other (specify)		2010 GENERAL
	Full Name (Last, First, Middle Initial) Adam Smith For Congress Committee			Transaction ID: 36345191 Date of Disbursement
	Mailing Address PO Box 23626			08 / 17 / 2010
	City Federal Way	State Zip Code WA 98093		Amount of Each Disbursement this Perio
	Purpose of Disbursement 2010 GENERAL	-	011	1000.00
	Candidate Name Rep. D Adam Smith		Category/ Type	
	Senate	ursement For: 2010 Primary X General Other (specify)		2010 GENERAL
	State: WA District: 09	Other (specify)		

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SCHEDULE B (FEC Form 3X)		arate schedule(s)			FOR LIN			R:			PA	GE	79 / 8	39	
ITEMIZED DISBURSEMENTS		category of the Summary Page		Ė	21b 27	П	22 28a	Х	23 28b		24 28c	П	25 29	\Box	26 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name														,	
NAME OF COMMITTEE (In Full) AMERICAN MEDICAL ASSOCIATION PO	LITICAL A	CTION COMN	ИΤТ	- E	ΞE										
Full Name (Last, First, Middle Initial) Becerra For Congress Mailing Address P.O. Box 261060							Trans Date o		sburs	_			0 1 C	Y	
City Los Angeles	State CA	Zip Code 90026					Amou	nt of	Each	Disl	burse	nen	t this F	Perio	d
Purpose of Disbursement 2010 GENERAL Candidate Name			_		11 egory/				•			24	00.00		
Rep. Xavier Becerra	ement For: Primary Other (spe	2010 X General			ype		2010 (GEI	NERA	ΑL					
State: CA District: 31 Full Name (Last, First, Middle Initial)							Trans	acti	on ID:	: 30	6401:	341			
Lincoln Davis For Congress Mailing Address PO Box 350							Date o		sburs	_			0 1 C	Y	
City	State	Zip Code					Amou	nt of	Each	Dis	burse	men	t this F	Period	
Jamestown Purpose of Disbursement 2010 GENERAL	TN	38556		0	11							20	00.00		
Candidate Name Rep. Lincoln Davis			Ca	ate	egory/ ype										
Office Sought: X House Senate President State: TN District: 04	ement For: Primary Other (spe	2010 X General ecify) V				2	2010 (GEI	NERA	AL					
Full Name (Last, First, Middle Initial) Manchin For West Virginia							Trans Date o			_		347			
Mailing Address P.O. Box 5202							8 ^M 0	М	D 2	2 4	/ Y	ž	0 i c	Y	
Charleston	State WV	Zip Code 25361					Amou	nt of	Each	Disl	burse	-			d
Purpose of Disbursement 2010 SPECIAL PRIMARY Candidate Name				_	11			_	•			500	00.00		
Joe Manchin, III Office Sought: House Disburse X Senate President X	ement For: Primary Other (spe				egory/ ype		2010 (SPE	ECIAI	L PF	RIMA	RY			
SUBTOTAL of Disbursements This Page (optional)					. •			-	•			940	00.00		

TOTAL This Period (last page this line number only)

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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)		NUMBER: PAGE 80 / 89
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check onl	y one) 22 X 23 24 25 26 28a 28b 28c 29 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name		d by any person	for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) AMERICAN MEDICAL ASSOCIATION PO	LITICAL ACTION COMM	MITTEE	
Full Name (Last, First, Middle Initial) Jeff Miller For Congress Mailing Address P. O. Box 126			Transaction ID: 36403251 Date of Disbursement O 8 D 2 5 T Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
•	State Zip Code FL 32591		Amount of Each Disbursement this Period
Purpose of Disbursement Void - Jeff Miller For Congress		011	-1000.00
Candidate Name Rep. Jeff B. Miller Office Sought: X House Disburse	ement For: 2010	Category/ Type	
	Primary General Other (specify)		Void - Jeff Miller For Co- ngress
Full Name (Last, First, Middle Initial) Grassley Committee Inc			Transaction ID: 36423718 Date of Disbursement
Mailing Address PO Box 1000			08 08 7 25 7 2010
,	State Zip Code IA 50304		Amount of Each Disbursement this Period
Purpose of Disbursement 2010 GENERAL		011	5000.00
Candidate Name Sen. Charles E. Grassley		Category/ Type	
Office Sought: House Disburse X Senate President State: IA District:	ement For: 2010 Primary X General Other (specify)		2010 GENERAL
Full Name (Last, First, Middle Initial) Miller-Meeks For Congress			Transaction ID: 36429489 Date of Disbursement
Mailing Address PO Box 3091			08 7 25 7 2010
•	State Zip Code IA 52244		Amount of Each Disbursement this Period
Purpose of Disbursement 2010 GENERAL		011	5000.00
Candidate Name Mariannette Miller-Meeks		Category/ Type	
Office Sought: X House Disburse Senate President	ement For: 2010 Primary X General Other (specify)		2010 GENERAL
State: IA District: 02	•		
SUBTOTAL of Disbursements This Page (optional) .		>	9000.00

TOTAL This Period (last page this line number only)

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SCHEDULE B (FEC Form 3X)	Use sepa	rate schedule(s)			OR LIN			R:			PA	GE	81 /	89	
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Any Information copied from such Reports and Statem					y perso		the pu		e of s		ing co		outions	3	000
or for commercial purposes, other than using the name NAME OF COMMITTEE (In Full) AMERICAN MEDICAL ASSOCIATION POI						SOIIC	it contr	ibuti	ons ir	om s	ucn c	omn	nittee		
Full Name (Last, First, Middle Initial) Moran For Kansas Mailing Address PO Box 1151							Trans Date o		sburs	_			0 Ĭ () ^Y	
	State KS	Zip Code 67601					Amou	nt o	Each	Disl	ourse	-		_	od
Purpose of Disbursement 2010 GENERAL Candidate Name			_		11							50	00.00)	
Rep. Jerry Moran	ment For:	2010			egory/ ype		0010	05	NED.	• •					
X Senate President State: KS District:	Primary Other (spe	X General cify) ▼					2010 (GE	NEKA	ΑL					
Full Name (Last, First, Middle Initial) Clay Jr. For Congress							Trans Date o			_		707			
Mailing Address P.O. Box 4544 Suite 300							0 ^M 8	М	D 2	25	/ Y	ž	010) ^Y	
,	State MO	Zip Code 63108					Amou	nt o	Each	Disl	ourse	men	t this I	Perio	od
Purpose of Disbursement 2010 GENERAL			Г	0	11			_			_	20	00.00)	
Candidate Name Rep. William Lacy Clay, Jr.					egory/ ype										
Office Sought: X House Disburse Senate President State: MO District: 01	ment For: Primary Other (spe	2010 X General cify) ▼					2010	GE	NERA	AL					
Full Name (Last, First, Middle Initial) Carnahan In Congress							Trans Date of			_		075			
Mailing Address 7000 Chippewa St							0 ^M 8	М	D 2	25	/ Y	ž	0 1 () ^Y	
	State MO	Zip Code 63119					Amou	nt o	Each	Disl	ourse	-			od
Purpose of Disbursement 2010 GENERAL				0	11			-	•		_	30	00.00)	
Candidate Name Rep. Russ Carnahan					egory/ ype										
Office Sought: X House Disburse Senate President	ment For: Primary Other (spe	2010 X General cify) ▼					2010	GE	NERA	AL					
State: MO District: 03															
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SCHEDULE B (FEC Form 3X)		rate schedule(s)			FOR LIN			₹:			PA	AGE	82 / 8	39	
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Any Information copied from such Reports and Statem or for commercial purposes, other than using the name														;	
NAME OF COMMITTEE (In Full) AMERICAN MEDICAL ASSOCIATION POI	LITICAL A	CTION COMM	ИΙΤΤ	Ē	Ε										
Full Name (Last, First, Middle Initial) Cleaver For Congress Mailing Address 4801 Main Street, Stuite	1000						Transa Date o	f Di	sburs				0 1 () ^Y	
•	State MO	Zip Code 64112					Amour	nt of	Eacl	n E	Disburse	men	t this f	Period	
Purpose of Disbursement 2010 GENERAL		01112	Г	0	111							20	00.00		
Candidate Name Rep. Emanuel Cleaver					egory/ ype										
Office Sought: X House Disburse Senate President State: MO District: 05	ment For: Primary Other (spe	2010 X General cify)				2	2010 (GEI	NER	AL	-				
Full Name (Last, First, Middle Initial) Team Emerson For Jo Ann Emerson						- 1	Date o	f Di	sburs	en					
Mailing Address P.O. Box 822 400 Broadway, Suite 501							0 ^M 8		D	2 5	5 / [Ž	0 i 0) ^Y	
•	State MO	Zip Code 63702					Amour	nt of	Eacl	n E	Disburse	men	t this f	Period	b
Purpose of Disbursement 2010 GENERAL			Г	0	11			-				10	00.00		
Candidate Name Rep. Jo Ann Emerson					egory/ ype										
Office Sought: X House Disburse Senate President State: MO District: 08	ment For: Primary Other (spe	2010 X General cify) ▼				2	2010 (GEI	NER	AL	-				
Full Name (Last, First, Middle Initial) Blaine For Congress 2010							Transa Date o				36431	956	;		
Mailing Address P.O. Box 25							0 8 N	_		2 5		Ž	0 1 C) ^Y	
	State MO	Zip Code 65043					Amour	nt of	Eacl	n E	Disburse	-		-	d
Purpose of Disbursement 2010 GENERAL				0	11			-	-			20	00.00		
Candidate Name Rep. W Blaine Luetkemeyer					egory/ ype										
Office Sought: X House Disburse Senate President	ment For: Primary Other (spe	2010 X General cify) ▼		_		2	2010 (GEI	NER	ΑL	_				
State: MO District: 09		· · · ·						_		_		_			
SUBTOTAL of Disbursements This Page (optional) .					<u></u>		Ĺ					50	00.00		

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ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(Crieck onli	y one) 22 X 23 24 25 2 28a 28b 28c 29 3
Any Information copied from such Reports and State or for commercial purposes, other than using the national states of the state of the			
NAME OF COMMITTEE (In Full) AMERICAN MEDICAL ASSOCIATION F			
Full Name (Last, First, Middle Initial) Walden For Congress			Transaction ID: 36432263 Date of Disbursement
Mailing Address PO Box 1091			08 7 25 7 4 2010
City Hood River	State Zip Code OR 97031		Amount of Each Disbursement this Period
Purpose of Disbursement 2010 GENERAL Candidate Name		011 Category/	4000.00
Rep. Gregory P. Walden	rsement For: 2010	Type	
Senate President State: OR District: 02	Primary X General Other (specify) ▼		2010 GENERAL
Full Name (Last, First, Middle Initial) Langevin For Congress			Transaction ID: 36432458
Mailing Address 181-A Knight St			Date of Disbursement M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code		Amount of Each Disbursement this Period
Warwick Purpose of Disbursement	RI 02886		1000.00
2010 PRIMARY Candidate Name Rep. James R. Langevin		011 Category/ Type	
	x Primary General Other (specify)	1,760	2010 PRIMARY
Full Name (Last, First, Middle Initial) Duncan For Congress			Transaction ID: 36432811 Date of Disbursement
Mailing Address PO Box 2646			08 / 25 / 4 2010
City Knoxville	State Zip Code TN 37901		Amount of Each Disbursement this Period
Purpose of Disbursement 2010 GENERAL		011	1000.00
Candidate Name Rep. John J. Duncan, Jr.		Category/ Type	
Office Sought: X House Senate President State: TN District: 02	rsement For: 2010 Primary X General Other (specify) ▼		2010 GENERAL
SUBTOTAL of Disbursements This Page (options	al)	.	6000.00

CHEDULE B (FEC FOIII 3X)	Use separate schedu			R LINE eck only		ın.			PA	GE 8	34 / 8	9
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ny Information copied from such Reports and St r for commercial purposes, other than using the				person f	or the pu		se of s	olicitir	ng co	ntribu	tions	`
NAME OF COMMITTEE (In Full) AMERICAN MEDICAL ASSOCIATION	POLITICAL ACTION CO	MMIT	TEE									
Full Name (Last, First, Middle Initial) Cooper For Congress							isburs	emen			Υ	Υ
Mailing Address C/O Davidson, Golde P.O. Box 927					0 ^M 8			25	L		10	
City Brentwood	State Zip Code TN 37024				Amou	ınt o	f Each) Disb	urser	ment t		eriod
Purpose of Disbursement 2010 GENERAL Candidate Name			01° Categ		L.		•			1000	J.00	
Rep. Jim Cooper	oursement For: 2010	`	Тур	-								
Senate President State: TN District: 05	Primary X Gene Other (specify) ▼	ral			2010	GE	NERA	AL				
Full Name (Last, First, Middle Initial) Diane Black For Congress						of D	isburs	emen				
Mailing Address 819 Plantation Blvd					0 ^M 8	М	[/] 2	25	/ LY	ž o	10	Y
City Gallatin	State Zip Code TN 37066				Amou	ınt o	f Each	Disb	urser			erioc
Purpose of Disbursement 2010 GENERAL			01							5000	0.00	
Candidate Name Ms. Diane Black			Categ Typ	- 1								
Office Sought: X House Senate President State: TN District: 06	oursement For: 2010 Primary X Gene Other (specify) ▼	ral			2010	GE	NERA	AL				
Full Name (Last, First, Middle Initial) Herron For Congress						of D	isburs	emen		798		
Mailing Address 142 West Main Stree	t				0 ^M 8	М	[/] 2	25	/ Y	ž o	10	Y
City Dresden	State Zip Code TN 38225				Amou	ınt o	f Each	Disb	urser			erioc
Purpose of Disbursement 2010 GENERAL			Q1 ·		L.					5000	0.00	-
Candidate Name Mr. Roy Herron			Categ Typ									
Office Sought: X House Senate President State: TN District: 08	oursement For: 2010 Primary X Gene Other (specify)	ral			2010	GE	NERA	AL				
	nol)					-	•	•	1	1000	0.00	_
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SCHEDULE B (FEC Form 3X)

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ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 28a 28b 28c 29
Any Information copied from such Reports and Stator for commercial purposes, other than using the na			
NAME OF COMMITTEE (In Full) AMERICAN MEDICAL ASSOCIATION P	OLITICAL ACTION COM	MITTEE	
Full Name (Last, First, Middle Initial) Friends Of Farr			Transaction ID: 36522034 Date of Disbursement
Mailing Address 555 Capitol Mall Suite	1425		$ \begin{bmatrix} M & M \\ 0 & 8 \end{bmatrix} \begin{bmatrix} D & 3 & 1 \end{bmatrix} \begin{bmatrix} Y & Y & Y & Y & Y & Y & Y & Y & Y & Y &$
City Sacramento	State Zip Code CA 95814		Amount of Each Disbursement this Perio
Purpose of Disbursement 2010 GENERAL		011	2000.00
Candidate Name Rep. Sam Farr Office Sought: X House Disbut	sement For: 2010	Category/ Type	
Senate President	Primary X General Other (specify)		2010 GENERAL
State: CA District: 17 Full Name (Last, First, Middle Initial)			Transaction ID: 36522037
McCollum For Congress			Date of Disbursement M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address P.O. Box 14131			00 31 2010
City St. Paul	State Zip Code MN 55114		Amount of Each Disbursement this Perio
Purpose of Disbursement 2010 GENERAL		011	4000.00
Candidate Name Rep. Betty McCollum		Category/ Type	
Senate President	sement For: 2010 Primary X General Other (specify)		2010 GENERAL
State: MN District: 04 Full Name (Last, First, Middle Initial) Steve Austria For Congress			Transaction ID: 36522038 Date of Disbursement
Mailing Address 20 S Limestone St Suit	e 390		08 7 31 7 2010
City Springfield	State Zip Code OH 45502		Amount of Each Disbursement this Perio
Purpose of Disbursement 2010 GENERAL		011	1000.00
Candidate Name Rep. Steve Austria		Category/ Type	
Senate President	sement For: 2010 Primary X General Other (specify)		2010 GENERAL
State: OH District: 07			
SUBTOTAL of Disbursements This Page (optiona	l)	>	7000.00

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Transaction ID: 36522041 Disbursement State: OH Disbursement City Senate President State: OH Disbursement State: OH Disbursement City State: OH Disbursement State: OH Disbursement City State: OH Disbursement State: OH Disbursement City State: OH Disbursement Office Sought: X House Senate President State: OH James (Last, First, Middle Initial) Transaction ID: 36522041 Date of Disbursement Other (specify) ▼ Amount of Each Disbursement Transaction ID: 36522041 Date of Disbursement this Peric Disbursement Other (specify) ▼ Amount of Each Disbursement Other (specify) ▼ Amount of Each Disbursement Disbursement Other (specify) ▼ Amount of Each Disbursement Disbursement Other (specify) ▼ Amount of Each Disbursement Disbursement Other (specify) ▼ Transaction ID: 36522041 Date of Disbursement Other (specify) ▼ Amount of Each Disbursement Disbursement Other (specify) ▼ Transaction ID: 36522041 Date of Disbursement Dis		Use separate schedule(s)	(check onl	NUMBER: PAGE 86 / 89 v one)
NAME OF COMMITTEE (in Full) AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE Full Name (Last, First, Middle Initial) Friends Of John Boehner Mailing Address 7908 Cincinnati Dayton Road Suite 1 City State Up Code West Chester OH 45069 Purpose of Disbursement 2010 GENERAL Candidate Name Rep. John A. Boehner District: 08 Full Name (Last, First, Middle Initial) City State Zip Code Other (specify) ▼ Transaction ID: 36522040 Date of Disbursement 1010 GENERAL Candidate Name Rep. John A. Boehner Office Sought: X House Senate Primary X General Other (specify) ▼ Purpose of Disbursement 2010 GENERAL Candidate Name Rep. James Jordan Office Sought: X House OH 43078 Purpose of Disbursement 2010 GENERAL Candidate Name Name Name Name Name Name Name Nam	I EMIZED DISBURSEME		21b [22 X 23 24 25
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West Chester Purpose of Disbursement 2010 GENERAL Candidate Name Rep. John A. Boehner Office Sought: X House President State: OH District: 08 Full Name (Last, First, Middle Initial) Jim Jordan For Congress Mailing Address 1709 State Route 560 South City Urbana Office Sought: X House President 2010 GENERAL Candidate Name Rep. James Jordan Office Sought: X House President State: OH District: 04 City Urbana Office Sought: X House OH A3078 Office Sought: X House President State: OH District: 04 Full Name (Last, First, Middle Initial) Jim Jordan For Congress Mailing Address Office Sought: X House President State: OH District: 04 Full Name (Last, First, Middle Initial) Latta For Congress Mailing Address P.O. Box 106 City State Zip Code OH 43402 Primary X General Other (specify) ▼ Transaction ID: 36522041 Date of Disbursement this Peric Disbursement For: 2010 Other (specify) ▼ Transaction ID: 36522046 Date of Disbursement Other (specify) ▼ Amount of Each Disbursement this Peric Disbursement This Peric Other (specify) ▼		ati Dayton Road		08 7 31 7 2010
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Mailing Address 1600 Roosevelt Avenue Suite 804			0	8 3	3 1	žoťo	
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Mailing Address 2931 E Dublin Granville F Suite 190	Road		o ^N	8 ^M / D	3 1 Y	ž 0 1 0	Y
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Full Name (Last, First, Middle Initial) Friends Of Charlie Wilson							Transa Date o				220)57			
Mailing Address P.O. Box 160							8 M	A .	^D 3	1 /	Y	ž	0 ť c	Y	
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Full Name (Last, First, Middle Initial) Friends Of Jason Chaffetz							Transa Date o				220	60			
Mailing Address 315 Westfield Circle							0 ^M 8 0	М	^D 3	1 /	Y	ž	0 ť c	Y	
	State UT	Zip Code 84004					Amour	nt of	Each	Disbu	rsen	nent	this F	Perio	d
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Candidate Name Rep. Jason E. Chaffetz					egory/ ype										
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